



SIGMUND FREUD

MAY 6, 1936

May 6th, 1936, marks the 80th birthday of Sigmund Freud.

It has been the lot of very few to live to see their own creative work take root and grow into a comprehensive system of empirical thought that revolutionized man's attitude towards many fundamental problems of nature and human life. Freud is one of these few exceptions. Those who joined him as collaborators and disciples note this day with reverence and they contemplate with admiration the long and arduous road which Freud broke through and traversed so valiantly for over half a century.

Ten years ago the scientific world celebrated his 70th birthday. These ten years witnessed continued and untiring efforts of Freud's intellectual activity. The following works from his pen were published since 1926: *Inhibitions, Symptoms and Anxiety* (1926); *The Problem of Lay-Analysis* (1926); *Postscript to "The Problem of Lay-Analysis"* (1927); *Humour* (1927); *Fetishism* (1927); *Postscript to the "Moses" of Michelangelo* (1927); *The Future of an Illusion* (1927); *A Religious Experience* (1928); *Dostoyevsky and Parricide* (1928); *Civilization and its Discontents* (1930); *Libidinal Types* (1931); *Concerning the Sexuality of Woman* (1931); *The Acquisition of Fire* (1932); *New Series of the Introductory Lectures to Psychoanalysis* (1932); *Why War?* (1932); *The Fineness of Parapraxia* (1935).

The German edition of Freud's works now comprises twelve large volumes. A complete English edition is still wanting.

A CLINICAL STUDY OF LEARNING IN THE COURSE OF A PSYCHOANALYTIC TREATMENT

BY THOMAS M. FRENCH (CHICAGO)

I

Introduction and Preliminary Survey of Case Material

A. Psychoanalytic Treatment as a Process of Reëducation

Freud once compared a psychoanalytic treatment to a process of reëducation.¹ The present paper and those that follow it are attempts to work out some of the implications of this suggestion.

Psychoanalysis started with the modest objective of attempting to discover the content of unconscious wishes and memories. The repressing forces during this period were looked upon for the most part merely as obstacles in the search for deeper treasures which they were hiding. It was, of course, necessary to understand the obstacles sufficiently to enable the analyst to get past them to the buried wishes and memories, but Freud postponed his attempt at fundamental analysis of the repressing forces until an abundant material had been collected throwing light upon the details of the psychosexual development of the infant and upon the fate during the course of ego development of wishes deriving from earlier periods. Then in a series of studies Freud sketched out his scheme of the structure of the personality and summarized the knowledge of ego development that had grown up, one might say, more or less incidentally during the study of the repressed forces. Alexander² early attempted to turn these new concepts of personality structure to practical use and suggested that it was of practical advantage in analytic therapy to attempt to analyze

From the Institute for Psychoanalysis, Chicago.

¹ Freud: *Introductory Lectures on Psychoanalysis*. London: George Allen & Unwin, Ltd., 1929.

² Alexander, Franz: *Psychoanalysis of the Total Personality*. New York and Washington: Nervous & Mental Disease Publishing Company, 1930.

the "total personality" instead of focusing too exclusive interest upon the repressed forces.

The writer's present study is an attempt to carry this suggestion to its logical theoretical conclusion. After attempting to analyze a patient's material in the usual way as a series of defense reactions to unconscious wishes that are struggling to emerge into consciousness, I shall attempt to utilize the insight so obtained in the attempt to understand the patient's whole analysis as a process of progressive adaptation. In other words, in this study I wish to place chief emphasis upon the process of acquiring sublimated and reality-adjusted outlets for the patient's instinctive energy. This process is admittedly the most fundamental therapeutic goal in every analysis, but we often do not consider too closely the intimate mechanisms by which this improvement in external adjustment takes place, tending rather to take it for granted as a consequence of the achievement of our more immediate therapeutic goal, the bringing into consciousness of unconscious impulses and memories.

In the study of organic illness it is often helpful to focus the center of attention upon the normal tendencies toward recovery in the organism and to regard disease as a disturbance of normal function. Similarly in this paper I wish to explore the advantages to be gained by looking upon neurotic illness as essentially a disturbance in the normal process of learning to adjust to external reality. Of course in so doing I shall be merely attempting to see well-known analytic mechanisms from a somewhat new point of view. My justification for this attempt is the hope that by keeping always in view the learning process underlying analytic therapy we may improve somewhat our perspective and sense of proportion as to the significance and relative importance of the great multitude of unconscious impulses and memories that press toward the surface in a psychoanalytic treatment.

It will be noticed that the aim of the present paper touches closely upon Alexander's discussion of problems of the psycho-

analytic technique in his recent paper¹. Alexander discusses the fact that there is still disagreement among analysts as to just what factors are most important for the therapeutic effect of a psychoanalysis. There is fairly general agreement that emotional abreaction, the recovery of repressed infantile memories, and intellectual insight all play a rôle in the "mechanism of the cure", but analysts differ as to the relative importance to be allotted to one or another of these several elements. Following a point of view that has been developed in some detail by Nunberg,² Alexander himself is inclined to regard the psychoanalytic treatment as most fundamentally an integrative process that achieves its therapeutic effects by bringing under the conscious control of the ego impulses that had previously been left to unconscious elaboration and synthesis, more or less independent of the central core of the personality. Emotional abreaction, the acquisition of intellectual insight and the recovery of repressed infantile memories are regarded by Alexander as only partial phases or aspects of this more comprehensive reintegrating process. It is the purpose of the present series of papers to study this reintegrating process by a rather detailed analysis of the "process of cure" in a single case.

B. Method

The method I propose for this study is to compare dreams and fantasies produced at different periods of the treatment. For the purpose of this comparison, our interest will be directed, as I have already suggested, to the organization of the dream material with reference to the problem in external adjustment with which the patient is at the moment faced. After comparing the organization of dreams produced at different periods, we shall then attempt to account for the differences in terms of the emotional events that have occurred in the interval between them.

¹ Alexander, Franz: *The Problems of the Psychoanalytic Technique*. This QUARTERLY IV, 1935.

² Nunberg, Herman: *The Synthetic Function of the Ego*. Int. J. Psa. XII, 1931.

After a brief orienting survey of the previous history of the patient, we shall first subject to a detailed study of this sort a three weeks period occurring early in the analysis during which the patient was struggling with the problem of initial adjustment to the analytic situation. In a later section of the paper we shall attempt a less exhaustive survey of the whole analysis with especial emphasis upon the difficult resistance period which was the turning point in the patient's therapeutic reaction.

The case that I select for study was one of my first supervised analyses during my period of training. I am therefore indebted to Dr. Hanns Sachs for much help in understanding the structure of the case. My theoretical conclusions are based upon a subsequent study of the case record. I have selected this case, in spite of the fact that it is one of my earliest cases, because of the unusually difficult "working through" period that occurred in this analysis. The case appealed to me, therefore, as an especially favorable one for the study of difficult resistance periods.

C. Résumé of Case History

The patient was an impulse-ridden young man of twenty-six, the oldest of six brothers. He had been under analysis for years by a number of analysts in succession. He had originally sought analysis on account of the fixation of his sexual interest upon the compulsive urge to show himself in some uniform, such as a boy scout uniform, with open neck and knees exposed.

His father was a severe silent man with a stern religious background, but subject at times to attacks of rage against the mother. Toward his children he was subtly sadistic. The patient also suspects that he was shy, especially about discussing sexual matters with his children. The patient was intensely afraid of him but compensated for this by tyrannizing over his brothers. The father died about three years before the patient began his analysis with me.

The patient's mother was described as a woman of much charm. She was very religious and subject to many nervous

fears but at the same time she played a rather seductive rôle toward the patient and his brothers. The patient felt that she subtly encouraged their jealousies of each other and of their father. On a few occasions she encouraged the patient secretly to defy his father.

The patient's eldest brother (one and a half years younger than the patient) was a cripple with an envious, complaining, somewhat cunning disposition. He was, however, deeply attached to the patient, though the latter tyrannized over him and sometimes treated him roughly. This brother died at the age of twenty.

Throughout the patient's childhood he felt himself to be the mother's favorite, but the second brother became successful in business upon coming to manhood and won the mother's favor away from the patient. This was naturally a severe blow for patient; but the patient's intense hatred of this brother dates from early childhood. The patient recalls kicking and stamping upon his nurse when the mother took this brother as a baby to see a physician in a distant city. Later in his childhood the patient once feared he had killed this brother by hitting him on the head with an iron ball.

The other brothers apparently played less important rôles in the patient's life. Toward the youngest, ten years the patient's junior, the patient had at times a somewhat fatherly attitude but this brother was the father's favorite and the patient was also intensely jealous of him.

The brothers all slept together in one room and used to masturbate together sharing their fear and defiance of the parents in the next room. During his analysis the patient recalled intense fears dating from early childhood and associated with his sexual impulses. He was terrified by his mother's shears, by his nurse's long finger nails and by stories that he heard of children being cut up and eaten. Once when the father was about to whip the second younger brother for wetting the bed, the mother cried out, "Not with the ring." The patient thought she was referring to some terrible torture device. Only years later did he realize that his mother meant that the father should take off his wedding ring before striking.

The patient's analytic material showed that he feared castration from the mother as well as from the father, but in his conscious memories the mother played a protecting rôle. From a very early age, the patient had some inflammation under the foreskin, probably due originally to accumulated secretions. A physician proposed circumcision but the mother refused to allow this. Instead she irrigated under the foreskin daily for years. The patient naturally derived considerable gratification from this and used to insist on the nurse's doing it when the mother was occasionally away.

In spite of his fears, however, the patient continued to masturbate. He used to burn the evidences of his masturbation. Nevertheless, he thinks his father knew he masturbated but was embarrassed to speak to the patient about it.

His compulsive interest in exhibiting himself with open neck and bare knees began, he says, in his twelfth year when he saw a boy in a sailor suit with open neck. This was his favorite masturbation fantasy. In these fantasies there was an indefinite crowd looking on. The patient used to wish his father and mother would go away so that he could act out this fantasy in real life; and later when he was sent away to school, he eagerly welcomed the chance to get away from his father and mother so that he could live out his cherished fantasy. As soon as he arrived at his destination, he bought a boy scout uniform, wore it on the street, masturbated in it and then burned it up.

In addition to his own urge to exhibit himself in this way, the patient was also intensely excited sexually by the sight of younger boys in similar costumes. In this sexual excitement there was a strong sense of identification with the boys whose knees and necks were thus exposed.

One day when the patient was seventeen years old, his father took him for a ride and called his attention to an "idiot" in town whose demented condition, the father said, was the result of his masturbation. The patient at first did not recall that this talk made any particular impression upon him but for about a year afterward he did not masturbate and not long afterward he developed an obscure illness with fever and finally had to have an operation for an infected toenail.

The patient dates from this time great difficulty in concentrating upon his work at school. Nevertheless he achieved a doctor's degree in theology, after writing a thesis upon the psychology of atheism. Some time later another student hired him to write a thesis, and the patient took delight in hoaxing the professors by getting a thesis accepted that disproved all that his own thesis proved.

He got various positions as a school teacher, but he worked erratically, often neglected his work and did not hold positions for long. He was often out of money, and begged or borrowed from his friends. At the time that he began his analytic work with me he was going about in dirty patched clothes, carelessly buttoned, and was spending most of his time either in his room or in bed, or wandering about the streets or exercising in an athletic suit in various inexpensive boys' clubs.

His sexual energy was at this time completely fixed upon masturbation and upon his exhibitionistic fantasies. In his student days he had been attractive to occasional older married women, but on the one occasion when he had gone so far as to take a woman to a hotel he had been so afraid of impotence that he had been unwilling to attempt coitus.

Due to external causes his analysis with me was interrupted temporarily in the seventh month for a period of about seven weeks, then permanently after about two more months of analysis. I cannot say that the compulsion to exhibit his bare knees was entirely cured by the treatment but the intensity of the patient's absorption in it had tremendously diminished, and in its place there appeared a normal interest in dressing neatly and attractively and a rather playful and defiant but persistent interest in courting the wife of a former school principal of his.

Therefore, although the analysis was not completed, there was at least sufficient therapeutic effect to serve as a basis for this study. Also of particular interest for this study is the prolonged and intense period of "working through" which preceded the patient's most marked improvement. It was this

feature that led me to choose this particular case for study rather than others in which the therapeutic success was more complete.

II

Initial Adjustment to the Analytic Task

A. A Comparison of Two Dreams

The patient's analysis opened with attempts to depreciate the analysis by continued reproaches that the analyst was quite unable to help him and by repeated attempts to intimidate the analyst with more or less playful aggressive outbursts. It soon became evident that this behavior was really a mask, hiding intense passive receptive and masochistic sexual wishes which the patient hoped and feared that the analysis would gratify. The patient's disillusionment with the analyst was further accentuated by his disappointment at having had to give up his former analyst, Dr. Y, toward whom the patient had had what was apparently a very strong mother-transference.

The material that I shall first cite followed a period in which the patient had been attempting to mitigate rapidly emerging fears by playful behavior designed to reassure himself that his fears need not be taken seriously. After repeated interpretations of this mechanism the analyst decided in the twenty-eighth interview to withhold the reassurance that the patient was craving and to remain entirely silent during the hour. In reaction to this the patient's questions became more and more importunate. Finally he asked whether the analyst had written Dr. Y and if he had received an answer from him. He repeated this question over and over again more and more demandingly; then finally inquired whether the analyst's motive for not answering the question was "analytic or private".

The next day he reported that he had been violently angry at the analyst, that he had never met anyone that he hated and despised so much, that he wanted to choke the analyst and make the analyst's eyes bulge and then throw him in a corner.

He recalled then how he had kicked and stepped on his

nursemaid in childhood and then for the first time told of his rivalry with his second brother over whom he had tyrannized as a child, until his tyranny had to give way to envious hatred when the brother became successful and won the favor of the mother.

I shall report the next (thirtieth) interview in detail: The patient is ten minutes late and explains that he has overslept. He says that he is doing poorly in school (he had again secured a teaching position some weeks before), that he has no confidence, is only bluffing. He can do nothing, he complains that the analyst retreats from reality by refusing to answer his questions. Yesterday he went to see his mother and she gave him fifty marks. He had a dream. He does not want to tell it. He went to sleep in the hope that he would forget it. . . . Why does not the analyst ask what the dream is? The analyst inquires. The patient asks why he wants the analyst to ask that. Dr. X and Dr. Y always asked.

The dream is as follows:

He sees his mother. She is very majestic, but is going to die. She has a purse by her side and says that this contains the money for her burial. There is an oven on the side of the room and a shelf with a number of cakes on it. The left wall is very hot. The mother tells the patient to put thick paper against this wall to protect the cakes. The patient protests that the paper will burn, but she says it will burn only very slowly if the paper is thick and then the paper can be replaced.

When the patient saw his mother yesterday, she told him that in moving she had lost a chest with her valuables in it. A man had found it and had written her about it but the man said he was in need and asked her to let him have some money. She was afraid that the man would persecute her, but the patient reassured her, advising her to let the man have the chest so that he would not bother her.

The hot wall reminds the patient of the wall between

his bed and the bed his father occupied in the next room when the patient was a child. To the cakes, he associates himself and his brothers. The paper reminds him that the letter this man wrote was on a dirty piece of paper. He also had a dirty newspaper in his pocket.

Three weeks later he revealed some facts that he had been withholding, which make this dream much more intelligible. Some two years previous, before running away from his analysis with Dr. X, the patient had persuaded one of his brothers to endorse an application for a loan of five hundred marks from the university. The brother filled out the endorsement and left the patient to fill in the amount. The patient filled in fifteen hundred marks instead of five hundred. The money obtained on these endorsements was now about used up and the patient was faced with the necessity of securing further loans. In order to do so, however, his only resource was to apply to a friend, a Mr. Z, a very domineering fellow who would be likely to inquire into the details of the patient's previous loans. The fifty marks obtained from the mother were therefore a means of putting off this difficulty a little longer.

Another fact to which the burning of the paper is also an allusion was learned still later—the fact that he used to burn the evidences of his masturbation.

In the dream, therefore, the hot left wall of the oven represents the patient's fear of (wish for) detection and punishment from Mr. Z, the analyst, the father. The paper is the money the patient receives from the mother which protects him for the time being from the necessity of exposing himself to Mr. Z's questions and anger.

As usual, however, it is not really an external but an internal danger from which the patient feels the need of protection. The danger of having to expose himself to his friend's discovery and anger is only an external symbol of the patient's desire for detection and punishment by his father. The fact that the

money from his mother staves off the external necessity of having to appeal to his friend, is only symbolic of a more fundamental internal economic relationship. Just as the mother's money protects him from the necessity of borrowing from a father substitute, so also is the intensity of his need for the father's love diminished by the gratification and reassurance that he receives from the mother's gift.

It is at this point that we can see most plainly how the analysis is beginning to play a rôle in the patient's life. His father is no longer living. The hostile impulses of which his cheating his brother was an expression make it exceedingly dangerous for him to turn to any father substitute to gratify his intense need for love. The analytic situation tends, however, to encourage these wishes with new hope by its implied promise of immunity from punishment for the expression of hostile wishes. Nevertheless the fear of retaliation for aggressive impulses is deep-seated. This is a dangerous temptation, this encouragement to hope to gratify in the analysis his need for a father's love. It is from this danger most of all that the patient is seeking to escape by turning to his mother for affection and help.

It is interesting to note how much is condensed into the one symbol of the hot wall. We have seen that it represents the patient's intense need for love from the father, also his fear of retaliation for his own hostility to the father and a projection of this hostility toward the father. The heat is also a threat to both mother and brothers—the mother in fact being about to die—and therefore symbolizes also the patient's jealous hatred of all his rivals for the father's love. The reference in the associations to the father's bed on the other side of the wall makes it an allusion also to the patient's feeling of estrangement from the father and to the mystery that attached to what the father might be doing on the other side of the wall. Some months later the patient recalled, in fact, having worked through with Dr. Y some memories of hearing the father's bed creak and suspecting something sexual between father and mother. So also in the manifest content of the dream, the effect of heat upon the cakes

in the oven is a pictorial representation of another great mystery of childhood—the rôle played by the father in the conception of children. Thus we find condensed into this one symbol the sexual riddles of the patient's childhood, and all the ambivalence toward the father and jealous hatred of mother and brothers in which the patient's early sexual investigations must have involved him. The hot wall might be called a symbol of the patient's unconscious. The patient's fear of the analyst is his fear of the unconscious forces which the analysis is encouraging into bolder activity. In the manifest content of the dream the analyst and the patient's unconscious are condensed together into one common symbol of mystery and danger.

The other elements of the dream all have to do with the patient's attempt to protect himself from these unconscious forces by transferring some of their energy to outlets in his present real life situation. He is seeking to diminish the intensity of his need for love and punishment and for explanations of the mysteries of life, by getting affection and money from the mother; and in the manifest dream some of his hostility to the father is finding outlet in the chivalrous rôle of helping the mother protect the children from the hot oven.

Thus the problem that the patient at the moment is dealing with is his conflict as to whether or not to accept the analytic task of investigating his unconscious impulses. At the moment his ego is impelled to flight disguised as a sort of heroic resistance. (The figure of the mother, for example, is majestic.) Even his desire for therapeutic help and enlightenment is condensed into the threatening symbol of the hot wall. His protest that the paper is sure to burn through is, of course, an expression of his unconscious hope that the analysis will succeed in spite of him; but it is plain that he is expecting therapeutic help and enlightenment to be forced upon him by the analyst against his own resistance.

I should now like to compare this dream with a dream reported three and a half weeks later just before the patient confessed to cheating his brother.

This dream followed immediately upon an admission in the previous interview that the patient wished to compel the analyst to say that the analysis was a failure. This was the first time that he had admitted how much in earnest he had been in his determination to defeat the analysis.

The following dream was reported at the very end of the next (forty-ninth) interview:

The patient is in a court with many children who are shooting. Either the patient or perhaps the others are afraid and want to open the door but the patient tells them not to do so, that it is better to act as though one is not afraid. Then he receives a wound on his shoulder but he will not admit that he had been wounded.

The court reminds the patient of the room in which he lives—which opens out on a court. It also reminds him of the schoolroom in which he teaches. The children the patient identifies as his pupils. Shooting means “something sexual”.

In the next hour after the dream came the patient's confession, long withheld, of having falsified the amount of the note his brother had endorsed.

It will be noticed that this dream is dealing with the same problem as the “hot wall” dream just discussed. This time the patient's unconscious is symbolized by the shooting in the court. The question as to whether or not to open the door is again the question as to whether or not to let the analyst penetrate into the patient's unconscious conflicts. In the previous hour the patient had admitted that the analyst had been right in saying that the patient wished to defeat the analysis. The wound in the shoulder is a tacit admission that the analyst's interpretations of his passive erotic wishes about the analyst have also been correct. Being hit on the shoulder is probably symbolic of an admission that patient's “cold shoulder” resistance has been “hit”. The revelations of the next hour are of course confirmatory of this and we shall note that in the next

succeeding dreams¹, the patient's relation to the analyst is represented as one of coöperation rather than of antagonism.

It is interesting to note the similarities in the organization of the two dreams. In each there is a danger of mysterious origin. Like the hot wall of the oven, the shooting in the court is symbolic of the mysterious sexual activities of the parents, of the riddle of the father's rôle in the production of children, of the patient's feminine desire for his father's love, of his fear of retaliation for being hostile to the father, and of his jealousy chiefly of the children in the mother's body (court, oven). (2) In the manifest content of each dream the patient is playing a protective rôle toward the children. (3) In the earlier dream the patient protests that the paper will be burnt through. In the later dream the symbolic sense of this prophecy is partially realized by his being wounded in the shoulder.

This enumeration of the similarities of the two dreams now brings into more prominent view the differences between them. (1) In the second dream the patient's fear is not so great, due probably to the fact that his hostility and consequently his masochism have considerably diminished. Accordingly his resistance to the analysis has correspondingly diminished. In the earlier dream he was trying to postpone the burning through of the paper as long as possible. In the later dream he acknowledges to himself that he is wounded and merely resists admitting it to others. (2) The figure of the mother as a person is absent in the second dream. The mother is represented only in the impersonal symbol of the court which corresponds to the oven in the earlier dream. This is also due to the diminution in the patient's masochism and resistance. In the earlier dream the mother was (a) a substitute to whom the patient was fleeing for protection from his masochistic attitude to the father (b) a projection of his own feminine wishes and reactive pride (majesty) and (c) an object of (projected) jealousy (i.e., the hot wall is threatening her). In the later dream he has achieved a passive feminine relationship to the analyst by his readiness to accept the analyst's interpretation

¹ See Part III of this series.

of it. Hence he no longer needs to split off and project his feminine wishes, nor to flee for protection to a substitute; and jealousy of the mother is for the moment unnecessary.

Thus it is evident that the patient has made considerable progress in this three weeks interval period toward the solution of the problem with which he was struggling in the earlier dream. In the earlier dream he was projecting his wish for help and passive gratification from the analyst and trying to postpone it as long as possible. At the end of this three weeks period he is almost ready to coöperate, at least passively, in the analytic task. This, as the next succeeding dreams show, is only preliminary to the urge that the patient will feel shortly, to take an active part together with the analyst in the investigation of his unconscious impulses.

B. Survey of Interval Period

Before discussing this subsequent material, however, it will next be of interest to study the process by which the patient has arrived at his present readiness to get passive satisfaction from an interpretation by the analyst that hits the mark. As a preparation for this study of the interval period, let us first inquire how the patient is attempting to solve his problem at the time of the earlier "hot wall" dream.

We have seen that the patient's difficulty in accepting the analytic situation arises from his difficulty in reconciling his intense desire for love from the father with his, also intense, hostility to him. As a consequence his desire for love must and does assume an extremely masochistic character. The analysis by its implied promise of immunity from punishment is encouraging the transference of this conflict into the patient's relation toward the analyst.

In the dream and the events that immediately preceded it, we can see that the patient is experimenting with a number of possible methods of solving or relieving this conflict. (1) For a long time he had been getting the analyst to play with him. This served the purpose of mitigating the patient's fear by repeated reassurance that the analyst would not take the patient's

aggressive impulses seriously and would therefore not retaliate. In this way the patient was managing to get a very precarious and incomplete gratification of his desire for a friendly relationship with a father substitute. This gratification was not only precarious but also incomplete because the patient's playful depreciation of the analyst made him a much less satisfactory father substitute. As already related, the analyst, by remaining silent in the twenty-eighth interview, put a stop to this attempt to make a game of the analysis. The patient's rage and subsequent identification of the analyst with his second brother were symbolic of a transition from a younger brother to a father transference toward the analyst, inasmuch as this brother was one whom the patient had once been able to depreciate as a younger brother, but who later had become, like the father, a successful rival. In the "hot wall" dream it is already a father transference to which the patient is reacting.

(2) This dream represents fundamentally an attempt to relieve the tension of the patient's father conflict by accepting, as a substitute, a passive dependent relation to the mother. If the patient disguises the dependent character of this relationship by some chivalrous gestures as he does in the dream, it is probable that his mother would have a strong inclination to welcome such a relationship to the patient. The obstacles in the way of such a solution would be the patient's own narcissism, which, as the dream shows, would not be able to tolerate a frank recognition of his dependence upon the mother. Moreover the patient's narcissistic protest would quite certainly be reënforced by his mother's tendency to stimulate the rivalry between the patient and his father and brothers.

(3) In the dream this narcissistic urge to compete for the mother with the father is already hinted at in the patient's chivalrous pose of attempting to defend the mother against the "hot wall" that represents the father. Rivalry with the father, however, drives the patient back again into the father conflict for which his only outlet at the moment is (4) the masochistic submission suggested in the symbol of the "hot wall". Inasmuch as the father is not living, this could be realized only in a passive

masochistic transference to the analyst or to some other father substitute such as Mr. Z. The obstacle in the way of this solution is obviously the patient's fear and narcissistic protest against so intense a masochism. (5) We might also anticipate the possibility of a fifth solution based upon some synthesis, as yet not definitely indicated, of elements contained in the other three. We have already indicated that this is precisely what does occur shortly after the revelations following the "wound in the shoulder" dream, when the patient's urge to join with the analyst in the task of investigating his unconscious makes itself evident in his dreams. It would be difficult, however, to predict this upon the basis of the "hot wall" dream, and it will now be more profitable to attempt to follow the course of the analysis in the interval following this dream, in the light of the problem of adjustment that we have just been outlining.

The patient opens the hour immediately following the "hot wall" dream by noticing the "odor and warmth" of the woman who preceded him. He says he has continually been beset with fantasies of men giving birth to children. He has had a fantasy of the analyst or his father in a bird cage. Everybody was in cages. The cages were taken off for "communication" only but then were put back on again.

In another fantasy the analyst talked over the patient's problem with Dr. Sachs and had been instructed by Dr. Sachs that his questions were not to be answered. There were also fantasies of the patient's going out into the mountains and lying in the snow and freezing to death. . . . At the end of the hour the patient remarks that, if he is wise, he will go to a seminar at the university tomorrow (he was studying at this time for a degree that would enable him to get a license as a regular teacher) but he thinks that the analysis will interfere with this. The analyst thereupon offers him an hour which will not interfere, but the patient says that he wishes the analyst would

give him an appointment that would interfere with his going to the seminar.

It will be noticed that the patient seems to be dealing here with reactions of frustration arising out of the analyst's refusal to answer questions in the hour three days previously. This frustration is already condensed in the symbol of the "hot wall". It will be recalled that the patient's father was a very silent man. As became much plainer later, his failure to take notice of the patient's masturbation was felt by the patient also as a frustration of his intense desire for love and notice from the father, the wall between their bedrooms being obviously a symbol of the emotional distance between them. The fantasies of this hour first play with the idea of a child from the father, then try to explain away the analyst's cruel indifference. He fantasizes that it is at Dr. Sachs' suggestion that the analyst has refused to talk with the patient. The analyst is really a caged bird (a baby) who can communicate with the patient only when allowed to do so. Finally the patient's exasperation comes out in undisguised form. If the analyst refuses to show any warmth, the patient will go out and freeze himself to death. In summary we may characterize this interview as a revival of the patient's attempt to make play of the analysis (solution number 1). This leads to attempts to explain away the analyst's silence of a few days previous and ends with a recognition of the frustration of his desire for love.

The next (the 32nd) interview anticipates the synthetic solution (number 5) with which the patient deals more earnestly only a month or so later, after the change in his unconscious attitude indicated by the "wound in the shoulder" dream. I shall postpone the attempt at economic analysis of this synthesis until we come to the discussion of the more extensive material of this later period. I need only point out at the present time that the patient's active curiosity directed primarily toward the mother is really a displaced attempt at coöperation in the analytic task of attempting to get insight into his own feminine impulses.

The patient opens this hour by telling of an infantile memory of seeing his mother wash her breasts. He recalls going with his mother to the beach where women bathed and seeing women dress and undress. Later he went with his father who simply left him to shift for himself in the water while his father went out to swim. When he was "quite a big child" (at the age of six or seven), he was sent to take something to his aunt on the women's beach. The patient was frightened. His aunt was dressing and the patient was repelled by the sight of her hairy legs.

Tomorrow the patient is to take charge of the play hour at school in place of an older man whom the children ridicule. He is much frightened, especially as he does not know the children's names. He concludes the hour by remarking that he has brought up quite a few memories today but does not see the connections with the present situation. He has heard that analyses are done only for research purposes. He does not want an analysis which is not therapeutic.

It will be noticed that this hour concludes with the abandonment of the patient's active coöperation in the analytic investigation on account of fear of recognizing the masochistic character of his feminine impulses. He fears that the analyst is analyzing him only as a (sadistic) experiment.

The next two interviews are filled with despair.

The patient inquires when the director of the Institute will be back, and says he cannot get along with the analyst. He is getting more and more depressed and the analyst gives him no help to understand and get rid of this depression. The analyst is weak and is always talking about resistance. It was a mistake for the patient to have started with the analyst inasmuch as now it is impossible for him either to draw back or to go on. It was also a mistake for the analyst to have started with the patient. The patient is angry at Dr. X who referred him to the

analyst. This is the third time that Dr. X has sent the patient to analysts who could do nothing with him.

The patient continues in the same vein also through the next hour. It is no use. He has no confidence. The analyst has accomplished nothing. The patient must have an indifferent third party to judge of the objectivity of his feelings about the analyst.

The next two hours constitute an attempt to solve the patient's problem by acceptance of a dependent mother transference (solution number 2).

At the beginning of the thirty-fifth interview he is slow to assume the reclining position. His first association is a playful fantasy which he attempts to compel the analyst to take seriously. He is to be operated upon, he takes ether, is nauseated . . . something is wrong with his penis. He has syphilis. He got it by rubbing his penis on the toilet. When the patient went to the doctor to receive injections, the doctor did not believe the patient when the patient said that he had not been with a woman. What will the analyst do about it? He repeats this question many times very playfully. He insists upon the truth of his statements and demands an answer. The analyst finally remarks that it is difficult to believe that the patient means what he says when he is so playful about it. The patient then admits that he does not have syphilis and says that his associations were deflected to this fantasy when two memories occurred to him. From about the age of four until twelve he had an inflammation of the foreskin, and his mother used to give him injections for this. The patient enjoyed these injections. His mother has also told him that the doctor wanted to circumcise him when he was about two years of age, but the mother had refused to allow this. The analyst points out that the patient wishes the analyst to alleviate his castration fears by playing with him sexually under the guise of medical treatment as his mother did.

In the next hour the patient attempts to appeal to the analyst's sympathy by being ill. He complains at length that he has hurt his foot, that his foot is swollen, etc. What should he do about it? . . . He still has inflammation under his foreskin. . . . He thinks he has purposely neglected his foot so as to make it get worse. . . .

We have already anticipated that the patient's attempt to reconcile himself to a passive dependent relationship to his mother would be shipwrecked upon the obstacle constituted by the patient's inability to reconcile such a passive solution with his own narcissism and with the mother's tendency to stimulate the patient's rivalry with his father and brothers. The next two interviews (37 and 38) confirm this anticipation.

The patient is ten minutes late and says he had no interest in coming. He delays assuming the reclining position and then complains at length that he has no interest in working. He remarks that he produced good material the day before, but that he always does poorly the next day after producing good material. Why is this? . . . Then he remembers seeing his father's penis and comparing it in size with his own. He also remembers seeing his father's biceps and comparing it in size with his own. He agrees to the analyst's suggestion that his unwillingness to continue "producing" good material is due to his rivalry with the analyst, and promises that he will be on time the next day, but he insists on the analyst's going ahead of him on leaving the room. He denies that this is also an expression of rivalry but afterward agrees to the correctness of this interpretation.

In the following interview (38) he relates for the first time the story of his boyhood rivalry with his second brother for their mother's love. In childhood the patient was the favorite. Then the brother became successful and won the mother's preference. Only recently did the patient regain first place with the mother, because the brother shocked her by marrying a Jewess who had been

divorced. When the patient was a student in the university, this brother, then seventeen years old, came to live there. At that time the patient was intimate with a Jewess, through whom he had some access to good society. The patient introduced his brother to this Jewess and the brother became very fond of her. Now the brother has married a woman of the same type. Once the patient had gone on an excursion with this Jewess and she had invited him into her room and bed but the patient was impotent. Two days ago a child was born to the brother. The patient's mother was shocked because it was too soon after his marriage. The patient thinks that the present outbreak of rivalry impulses is a reaction to the birth of the brother's child. . . . In childhood the patient looked upon the mother's injections under his foreskin as a sort of sexual relation with her and as a kind of triumph over the brother, but now the brother has triumphed over the patient.

In the next two interviews the patient's rivalry with his brother gives way to self-castrative impulses and then again to reactions of despair.

He insists again that the analyst go ahead of him through the door. Is this a prestige reaction? The patient must overcome this prestige impulse. He insists that he must leave the hour ten minutes ahead of time. Yesterday he was too inhibited to prepare for a review which he had to present in a seminar at the university. He did very poorly and could not even remember the contents of his own doctor's dissertation. He went to a ball at the school and was afraid to go up to the principal of the school who was his host. He interprets cutting off time at the end of the hour as "castrating the hour". . . .

In the next hour he protests that he can do nothing, fantasies that he will get ten physicians to prescribe veronal to kill him off or go off in the mountains to die of the cold. He wishes to know if the director of the

Institute is back. . . . He has been sleeping most of the week end. Either the analysis is no good or his reaction against his brother has completely upset it. He takes a key out of his pocket and throws it violently into the corner.

The next six or seven hours bring the patient's conflict between his rivalry with the analyst and his desire for the analyst's love to a despairing climax.

In the forty-first hour he insists over and over again that he must see the director of the Institute. He cannot get along with the analyst. The patient's personality and the analyst's do not agree. He wishes that the analyst were older. Analysis is impossible without transference. The analyst points out to the patient that there is no lack of transference on the patient's part but that the transference is based on his relationship to his second brother. The patient replies that he does not like a brother transference. He touched on this several times with Dr. Y but never could solve it.

In the next hour (42) the patient complains that his foot hurts. That morning he did not want to go to school but finally went after a great struggle. He did not want to admit that he felt much better after overcoming his resistance to going to school. In answer to the patient's questions the analyst discusses at some length the patient's rivalry with the analyst as the motive for his resistance to success in school. The patient remarks that he also gets satisfaction from getting the analyst to talk and feels this as a victory.

In the forty-third hour the patient's conflict achieves concentrated expression in a memory and a fantasy.

He recalls that he used to be pleased when his brother stole things from him secretly as this was a sign of the brother's envy, hatred and fear of him. Once the patient insisted that his brother leave the room while the patient

was talking with his mother. Then follows a fantasy that the patient is a woman and Dr. X (who regularly played a father rôle in the patient's fantasies) is having sexual relations with the patient and with great expenditure of energy.

To understand the significance of the juxtaposition of this memory and fantasy we have only to realize that the brother and Dr. X are both represented in the present situation by the analyst. The patient is approaching the acute realization that his envious hatred and his desire for love from the analyst are irreconcilable. Actual insight, however, is as yet lacking. The envy and the desire to be loved as a woman are split apart and displaced upon two different persons, thus making it impossible for the patient to recognize that envy and feminine desire for love from the analyst are incompatible.

In the forty-fourth hour the acute frustration arising from this dawning insight takes form in a sadistic dream.

Dream:

The patient is cutting off the heads of dead fish. He throws the heads to roosters to devour, and then throws stones at the roosters.

In association he recalls again a childhood incident in which the father applauded while the patient struck a cat with a shovel. He also recalls cutting angle worms in pieces and poking at a goose with a stick. He often used to dream that his father was torturing his mother and that he attacked his father in order to rescue her.

The specific content of this dream can be understood better by reference to events and fantasies that occurred at other periods, for the most part some months later, in the analysis. Very early in his analysis (before the period that I am reporting in detail) the patient had played with the fantasy that his mother wanted to castrate him in order to protect him from his father. In the fifth month of his analysis he complained vehemently over and over again that the analyst and his father

had driven him crazy. This was of course a fulfilment of the father's implied threat when he showed the patient the "idiot" whose demented condition was supposed to have been due to masturbation. During this same period the patient recalled stories he had heard in childhood of children being cut up and eaten. A fantasy toward the end of the fifth month of his analysis pictures his father as tearing a baby from his mother's arms and throwing it to the ground so that it nearly died, and then having sexual relations with the mother. Later the patient recalled actually fearing as a child that his father would eat him up.

In the dream now under discussion it will be noticed that all of these fantasies are condensed into a few symbols. Cutting off fishes' heads is a castration displaced from the penis to the head, a close analogue to being driven crazy. The roosters eating the fishes' heads correspond to the stories of children being cut up and eaten and to the patient's fear that his father would eat him up. In the dream the patient is playing a rôle similar to the one his earlier fantasy attributed to the mother, placating the father by sacrificing the children. The patient's throwing stones at the rooster is probably an allusion to the reproach contained in the later fantasy of the father's throwing the baby to the ground.

Thus, like the cakes in the oven in the former dream, the dead fishes and the stones in this dream represent children. The children are first of all the patient's brothers, probably also the patient's own fantasied children¹. In the dream and fantasies he is sacrificing the children to the father, thus giving vent to his own sadistic impulses and at the same time seeking to placate the father and to justify his hostility toward the father.

The dream is plainly a reaction to a sort of desperate realization of the conflict between the patient's envy and his need for the analyst's (father's) love. We have noted that every time

¹ It will be recalled that a week before this dream the patient was stirred to intense envy of his brother by the birth of the brother's child and still earlier he was beset with fantasies of men giving birth to children.

the patient "produces good material", he is envious and resentful of the analyst's success in eliciting it from him; but at the same time he wishes that the analysis should be productive.

In the dream this conflict is expressed in terms of its infantile prototype. He is envious of his father's genital and wishes to destroy the children whom the father has "produced"; but he also desires love from the father and is fascinated by the idea of "producing" a child. The dream attempts to reconcile or in any case to condense these conflicting wishes. There is an urge to atone for his phallic envy and placate the father by castrating himself but instead of himself he castrates the dead fishes that symbolize his brothers. He wishes to win the father's love by giving him a child but instead of a child he gives him dead fishes' heads and stones.

It is easy to sense from the material that these attempts at sacrifice are not enough; for the latent dream thoughts contain a whole series of reproaches and attempts at self-justification that we may translate somewhat as follows. To the father: "You demand that I sacrifice to you my genital. Therefore I have a right to throw stones (reproaches) at you." Throwing the stone, it will be noticed, is a direct allusion to the reproach contained in the later fantasy of the father's throwing the baby to the ground. The fact that there is more than one rooster probably implies that the patient has also a similar reproach against the mother, which he expresses in introjected form by his own behavior in the dream: "You are willing to sacrifice your children to father. You and father are interested in your own pleasure rather than in giving life and love to us children." Other "roosters" are probably the patient's analysts toward whom he directs reproaches of similar content based upon the encouragement that the analysis gives to the patient's unconscious impulses. "You analysts aid and abet my sadism", the dream complains, "in order to get scientific material to devour and to discuss with each other."

Whatever truth there may have been in these reproaches toward his father and mother and his numerous analysts, it is plain that they are a direct reaction to the insight with which

the patient is threatened, into the incompatibility of his phallic envy of the father (analyst) and his desire for his father's love.

The next three interviews (45, 46, 47) contain the patient's affective expression of this despair.

He must see the director of the Institute. He is not oriented as to his case, has no one to help him, has no confidence in the analyst. He does not listen to an interpretation that the analyst gives, protests that he does not hate the analyst, simply has no contact with him. . . .

In the next (48th) hour came the patient's confession that he wished to get the analyst to admit the analysis was a failure.

He opens the hour by remarking that the same resistance continues. He feels that he will never make anything out of analysis, that the analyst made a mistake in undertaking his analysis. . . . What does the analyst think? The analyst replies that there are often difficult periods in analysis and that it is quite possible that the patient can overcome his present resistances. Thereupon the patient replies that he is angry. He wishes the analyst to say the analysis is a failure. He adds that he had a big setback just before starting work with the analyst upon learning that an analyst recommended by Dr. Y would be unable to undertake the case. Dr. Y was a little unreliable but had no other faults. The analyst then remarks that it was not strange that the patient found it difficult to break off his analysis with Dr. Y of whom he was so fond.

In the next hour (49th), the patient complains that his foot hurts. . . . He would like to have an analyst who would encourage him and pat him on the head. . . . Dr. Y made a mistake, he gave in to this desire of the patient's. The patient told him he was making a mistake, that he was making things more comfortable for the patient only to make them worse later. . . . The analyst's comments upon these remarks were then followed by the

dream of the children shooting in the court in which the patient was wounded in the shoulder.

C. Emotional Aspects of Learning

We have undertaken a survey of this three weeks interval period in order to study the process by which the patient's initial fear of the analysis gave way to an unconscious satisfaction in cooperating, first passively, then actively, in the analytic task. Our attempt to understand this process will be facilitated by a few reflections upon the emotional aspects of learning.

Each step in learning involves the substitution of a new for an old method of obtaining gratification. The incentive to search for a new method of gratification must be derived from insight into the fact that the old method is no longer adequate. However, the realization that an old method of gratification is unsatisfactory does not lead to the immediate acquisition of a new one. It merely initiates a period of experimentation. The first experiments are apt not to be successful; consequently, the experimentation tends to be punctuated by periods of frustration and despair, for the experimenter has now lost his old method of gratification and has as yet found no new one to take its place. We all recall the behavior of Köhler's monkeys, who failed in their attempts to get food by climbing upon a box and who then gave expression to their frustration and rage by beating the box.¹

We have just seen how the patient's search for a solution of his conflict is also punctuated by periods of despair. His first playful fantasy that he can get a baby from the analyst is followed by rage because he is left out in the cold. His attempt to mobilize his infantile curiosity in the service of the analysis breaks down through inability to face insight into his masochism. The despair occasioned by the failure of this experiment is followed by an attempt to purchase a passive relation to the mother by capitalizing upon his physical symptoms; but

¹ Köhler, Wolfgang: *The Mentality of Apes*. London: Kegan Paul, Trench, Trubner & Co., 1931.

this leads directly to rivalry with father and brother and to the realization that the brother has triumphed over him. Finally insight comes to the patient that he is attempting the impossible; for if he is attempting to down the analyst as a rival, he cannot also expect to receive love from him. It is of great interest to notice that this insight takes definite form before the patient is conscious of it or at all willing to accept it. It is already implicitly formulated when the patient confesses side by side his secret delight in his brother's envy and his fantasy of having intercourse as a woman with Dr. X. In the dream of cutting off fishes' heads, the patient violently repudiates this insight, while at the same time giving concentrated (though inverted) expression to it. "If I wish to be loved by father, I must give up my rivalry with him", is the basic content of this insight. To this the dream replies with retaliatory impulses and angry retorts. "Father demands my penis as a condition of his love. Such a cruel father should have stones instead of children."

Immediately after the abreaction of this rage, however, the patient is able for the first time to admit freely his desire to defeat the analysis. Then his dream of being wounded in the shoulder gives slightly grudging expression to what we may characterize as a sort of coöperative satisfaction in the correctness of the analyst's interpretation of the passive homosexual transference. Immediately thereafter comes his confession of his falsification of his brother's endorsement.

D. Economic Analysis of the Interval Period

It will be of interest to analyze in more detail the nature of these changes in the patient and of the process by which he arrived at them.

We may begin by considering certain economic problems presented by the dream of the hot wall when seen in relation to subsequent material. In the dream of the fishes' heads, sadistic impulses attain direct undisguised expression. A subsequent dream reported two months after the dream of the hot wall culminates in the patient's being pursued by Mr. Z

(the friend to whom he now fears he will have to appeal for financial help) with a revolver. In the dream of the hot wall, these same sadistic impulses and this same fear are projected and condensed into the symbol of the "hot wall". This presents us with an economic problem. At the time of the dream of the hot wall, what is it that prevents an acute outbreak of the patient's sadistic impulses or of his masochism and fear of the father?

Turning to the material, we notice that the dream itself gives a direct answer to these questions. The paper that the patient interposes between the cakes and the hot wall is an allusion to the money that the patient has just received from the mother, which enables him to stave off the necessity of appealing to his sadistic friend, Z.

We have already seen that this is symbolic of a more fundamental internal economic relationship. The mother's money protects the patient from the necessity of borrowing from a father substitute, and similarly the intensity of his need for the father's love is diminished by the gratification and reassurance that he receives from the mother's gift.

It is this diminution in the patient's need for his father that has made possible a series of defense reactions against his sadistic impulses. (1) These impulses have been projected. It is not the patient but the father that is threatening the patient, his mother and brothers. (2) In addition to being projected, the specific character of these impulses has to some extent been obliterated by the substitution of impersonal symbols for specific persons and acts. Instead of the father it is a hot wall that is threatening. Instead of the patient and his brothers inside the mother's body, the cakes in an oven are being threatened. The specific content of the sadistic impulses is also considerably obscured though still hinted at by the condensed character of the symbolism. Fire is a rather unspecific destructive agent, but cakes are things to be eaten and dirty paper is something to be thrown away or destroyed. (3) The patient has turned away in fear from this whole complex of unconscious wishes and is seeking help and protection from the

mother. It will be noticed that in this dream the figure of the mother is, as it were, reduplicated. As a part of the complex of unconscious wishes from which the patient is trying to escape, she is represented by the impersonal (dead) symbol of the oven. As a person in real life to whom the patient is fleeing for love, help and protection, she is herself, a real person. (4) Finally the destruction is something threatened, not actual.

We have just seen that the economic basis for these defenses is the diversion of a considerable amount of the energy of the father conflict into an attempt to get real reassurance and relief from the mother. We are obviously dealing here with the actual process of the transference of the energy deriving from infantile conflicts over into reactions toward the real present life situation of the patient. We must assume that physiological needs in their process of elaboration and search for satisfaction tend to call up the not yet solved problems arising out of frustrations of these needs in childhood. Possibilities of gratification or relief in the real situation provide the ego with one means of diverting energy away from these frustrations of childhood. If sufficient energy can be withdrawn into real life¹, then the residue of energy that still remains attached to

¹ This suggestion may seem to be in contradiction with the fact that projection regularly occurs as a defense mechanism to protect the dreamer from too strong affects. The same is true of the use of impersonal symbols to replace persons. In the dream under discussion, for example, the purpose of the projection and of the impersonal symbolization, is precisely to protect the patient from his fear. The act of projection involves the acceptance by the ego of an observing rather than an otherwise active rôle. We must assume that the act of observing the (hallucinated or real) activities of others is itself a source of considerable satisfaction and thus relieves the intensity of the patient's conflict by absorbing a considerable amount of energy. In a similar way the gratification derived from symbolic play with impersonal objects may absorb a considerable quantity of energy and so relieve very much a conflict involving persons. (See discussion of dream of fishes' heads, page 181.) Observation of children shows, in fact, that such symbolic play is capable of absorbing very large amounts of psychic energy.

The suggestion made in the text of this paper is not in contradiction with the mechanisms just discussed but constitutes rather a limiting condition to them. Even though a very considerable amount of energy can be absorbed by impersonal symbols or by the act of observing in projection mechanisms, nevertheless the amount of energy that can be absorbed in this way is limited. In

the childhood conflict can be projected, treated as a foreign body neither belonging to nor in vital relationship with the ego. (The best examples of this are dreams in which the dreamer is merely an observer of what others are doing.) If still more energy can be withdrawn into real life, the childhood conflict can be, as it were, deprived of life. Living persons can be replaced by inanimate, dead objects. It is already a first step in this process when human beings are replaced by smaller animals. When the process of withdrawal of cathexis from the childhood conflicts has gone further, human beings can even be replaced by inanimate objects without much dynamic quality, such as the oven and the cakes in the patient's dream.

In the situation that gave rise to this dream, a new element has entered into this picture. The analysis has given new

this dream, for example, the threatening character of the hot wall shows in fact that the limit of absorption has been slightly exceeded. If the patient were not able at the moment to divert energy to the gratification and reassurance he is receiving from his mother, it is quite certain that the fear which is now only hinted at, would in that case break through into consciousness and the patient would be reporting an acute anxiety dream similar to the one that he actually did have two months later.

In order still further to safeguard against confusion I should add that I am here using the term projection in a somewhat restricted sense. As is already implied in my argument I am referring to instances in which a person instead of acting out his impulses is content to discharge them by observing or hallucinating others acting them out, without becoming more intimately involved in the activity. I might distinguish this as "total projection". This I would contrast, for example, with a patient who substitutes for his own desire to attack, a fear that he will be similarly attacked, or with a woman who fantasies a sexual attack that she herself unconsciously desires. These two types of projection I would distinguish as "retaliatory (or inverting) projection" and as "wish-fulfilling projection". In this dream, for example, in so far as the hot wall threatens the patient, it is in part a retaliatory and in part a wish-fulfilling projection. The threat to the cakes in the oven constitutes a total projection. The above discussion applies only to total projection. As pointed out in the next paragraph, the threat to the patient in the hot wall constitutes a beginning failure of the pure (total) projection mechanism.

Similarly we must distinguish between impersonal symbols without dynamic quality (like the cakes and oven) in contrast to dynamic symbols like a threatening fire. In the present dream we note that the dynamic character of the symbol is a sign of a beginning reversal of the process of calcification above discussed.

hope of gratification to the never satisfied wishes of childhood. The tolerant analytic attitude toward unconscious impulses that is personified in the analyst, tends to give new life to these wishes, new hope that this time frustration will not ensue. The effect of this is seen in the dream, in a beginning reversal of the process of calcification described in the last paragraph. The symbols representing the unconscious have now taken on the powerful dynamic quality of a threatening fire.¹ The patient is beginning to transfer his father conflict to the analyst, to hope that the analyst will gratify his need for a father's love. The sign of this in the dream is the fact that the analyst and the unconscious wishes that the patient is beginning to transfer upon him are condensed into a single symbol, the "hot wall". As a result of this possibility of transference upon a living person, the once dead symbols have now acquired a new dynamic power.

In turning to the mother for love and protection the patient is obviously repeating his attempt to deprive his childhood conflict of life, by diverting energy into the search for a substitute satisfaction in real life. Even in the dream, however, this is recognized only as a temporary defense. The paper that the patient places against the wall, will eventually burn through. If he is to escape the newly awakened fascination of the analysis, the patient must get ever repeated evidences of love from the mother. Moreover in the dream the mother is going to die. The threatening character of the hot wall is

¹ That this is really a case of the coming to life of dead symbols is proved by an earlier dream fragment (the patient's first dream, from the 17th interview):

The patient is in the room where he used to sleep with his brothers.

In the next room (where his parents used to sleep) two white figures are sitting up in bed, dead.

In association, he recalled how the brothers all used to masturbate together in this room, each in a different way. He then thinks of the analyst as his brother.

In other words, at the time of this dream, the patient is seeking to deprive of life the infantile problems growing out of the primal scene, by seeking in the analysis a repetition of the mutual tolerance the brothers showed, each in regard to the others' masturbation.

symbolic of the fact that the patient's fascination for the analysis is growing. The cathexis now diverted to the mother will shortly revert to the analysis. The mother will undergo again the process that once before transformed her into an inanimate oven.¹

The events of the succeeding three weeks confirm the prophecy contained in this dream. For a time the patient attempts to supplement his relation to his real mother by giving the analyst a mother rôle. As we have already seen, however, the fundamentally competitive character of the patient's love for his mother soon drives him back again to his father conflict.

In the dream of the fishes' heads, accordingly, the cathexis that had been diverted to the mother has reverted again for the most part to the father conflict. The fishes and their heads represent in extremely condensed symbolism the mother and brothers, the patient's own fantasied children, and the patient's genital. In the dream they are dead—which signifies the temporary withdrawal of the patient's interest from them as living objects. Besides that, the patient is sacrificing them to the father. In the next episode he has stones instead of babies; these he also throws at the father.

Thus the dream shows a temporary almost complete withdrawal of psychic energy from mother and brothers, and from the patient's own genital. All this energy is concentrated upon a symbolic play centering about ambivalent impulses toward the father. The two episodes of the dream give expression successively to the two sides of this ambivalence. In the first, the patient is making a sacrifice to the father, obviously with

¹ It should be noticed, however, that the "hot wall" seems also to be the wall of the oven. (The dream text is not entirely clear in this point. Unfortunately I am not sure whether this indefiniteness is the patient's or due to an imperfection in my notes, which were made from memory after the hour.) This perhaps has a meaning similar to that of the reproaches implied in the dream of the fishes' heads—that the mother at least yields to the sadism of the father toward his children, that it is the intimate relationship (the patient wishes it were a wall or barrier) between the parents that stirs up the patient's violent jealousy and so becomes destructive to the patient and his brothers.

the hope of placating him and of winning love from him even in spite of the patient's hostility. The second episode pictures the patient's rage and frustration. The baby that the patient hoped for has become a stone. The patient throws it at the father as a missile and a thing of no value.

Really it is the patient's envious desire to defeat the analysis that is making the analysis unproductive, that is turning the baby into a stone. In the dream the patient has sacrificed to the father his genital and his babies and thus acquired the right to accuse the father of giving him stones instead of babies.

Thus the dream is first of all a dream of frustration. In the former dream the patient's hostile impulses were projected, replaced in part by reactive fear, and condensed into the symbol of the hot wall. In this dream, the patient's hostile impulses are only in small part projected. To be sure, the roosters eat the dead fishes' heads, but it is the patient who throws the fish to them and afterward pelts the roosters with stones.

In the former dream, the patient was attempting to divert energy away from his father conflict to a real relationship to the mother. As a result of the failure of this attempt some of the energy so diverted has apparently taken a destructive form and flooded over into the ego. The diversion of energy to the mother enabled the patient to project¹ his father conflict and condense it into the symbol of the hot wall. The reversion of this energy to the father conflict now forces this conflict back into the ego and compels the ego to acknowledge it.

The dream has found means, however, to mitigate the intensity of this frustration. Most notable is the absence of fear in a reaction to the patient's aggressive impulses. It is evident that the patient has found some way to diminish his fear and to reduce the deadly earnestness of his conflict; for he has been able to substitute for the father small barnyard animals of whom he is not afraid. Moreover, the penis that he surrenders is not a penis but a dead fish's head.

The means by which this has been accomplished are two-fold: (1) In the first place, the patient's symbolic play with

¹ See note page 178.

inanimate and dead objects is itself a very important source of satisfaction similar to the frequently intense absorption of children in play with impersonal objects. Thus in the dream to throw stones at the father, for example, not only discharges the patient's frustrated rage against the father but also provides a substitute gratification to replace the patient's unsatisfied desire to give the father a child. This sort of play is of course much less dangerous and conflictful than the impulses toward persons that it aims to replace. The satisfaction derived from this symbolic play therefore tends to relieve the intensity of the patient's frustration and so to relieve the acuteness of his conflict.¹ Because the patient has his dead fish and his stones, the real father need not loom so large in his desires. It is this reduction in the intensity of the father conflict that is symbolized by the substitution of roosters for the father. If the patient can be satisfied² by throwing fishes' heads and stones at roosters who cannot retaliate, then he need no longer be afraid of the more powerful and dangerous father.

(2) The patient has also found a second means to reduce the intensity of his conflict, by utilizing the analytic situation. His first association to the dream significantly implies a hope that the analyst, like his father, will encourage him in his cruelty to animals. This is indeed a recognition, though a distorted one, of the analyst's real aim. The analyst does wish to encourage him to take conscious responsibility for his unconscious impulses. The patient's hope for encouragement from the analyst, therefore, has a real basis in his intuitive sense of the tolerant and encouraging attitude toward unconscious impulses that forms the essential basis of the psychoanalytic procedure.

The latent recognition of the tolerant and encouraging atmosphere of the analysis is probably responsible not only for the greater boldness of the patient's sadistic impulses in this dream, but also for the unconscious crystallization of insight into his essential conflict, which we have already noted as the

¹ See note on page 178.

² The degree to which the patient can be really satisfied by such a substitute determines of course the extent to which the patient's frustration will be relieved.

most significant feature of this dream. In the earlier dream the symbol of the hot wall represented not only a projection but an extreme condensation of the patient's unconscious impulses. The dream of the fishes' heads separates out many of the elements that were condensed in this symbol, and, by elaborating them more fully, brings into clear view the dynamic relations between them. The dream symbolism is based upon a sexual theory of oral impregnation and anal birth and thus makes manifest the sexual curiosity that was only hinted at in the former dream. More important still the dream is also at the point of formulating insight into the conflict between the patient's envy and his desire for love from the father. The desire to attack the father and the desire to placate him and win his love are represented separately and the dream and associations contain one futile attempt after another to reconcile these two conflicting urges. "If I give father my penis, perhaps then he will love me." "If I let father castrate me, then I shall have a right to attack him." "Perhaps father will really like it if I am cruel to animals instead of attacking him." "I wish father would give me a baby but it must be a dead one." These are the more important formulæ with which the patient is attempting to solve a problem, which for the moment remains insoluble because of the too great intensity of both of the conflicting impulses.

Nevertheless, this dream already contains the two clues that make possible the temporary solution of his conflict, the solution he soon afterward achieves in his acceptance of interpretations, in the dream of being wounded in the shoulder, and in his subsequent confession. These two clues are the patient's intuitive realization (1) that the analyst will be tolerant of the patient's hostile impulses and (2) that it will be necessary to sacrifice some of his envious desire to defeat the analyst in order to be helped by him.

We have already noted the fact that the failure of the patient's attempt to turn to the mother has compelled him to allow his father conflict to flood over into his ego. This frustrating experience alone might of course have led to nothing

more than a flight from the analysis¹. In fact we see in every neurosis an ever repeated cycle of frustrations that lead to nothing. In the present instance, however, the patient's fear has been mitigated somewhat by his sense that the analyst is encouraging him to give voice to his hostile impulses. This gives the patient confidence to put to a practical test his hope that even overt hostility toward the analyst will not lose him the friendly interest and encouragement of a father.

In the next few hours the patient actually puts this hope to the practical test. He faces the despair that is inevitable if his hope of defeating the analysis could be realized. It is significant that the patient's admission of insight into his desire to defeat the analysis follows immediately upon the analyst's assurance that he need not lose hope of being helped, in spite of his despairing resistance.

The value to the patient of this reassuring experience is of course the fact that it strengthens the patient's already latent hope that he could differentiate (in Pavlov's sense) or discriminate between the analytic situation and other situations in which he might be impelled to express or act out rage toward a father substitute. Unlike other relationships of the father-son type, the analysis is a therapeutic relationship in which verbal expression of hostile impulses is tolerated, even encouraged. No doubt the patient's previous analyses had contributed to his readiness to expect tolerance from an analyst; but this lesson is one that has to be learned over and over again with each new analyst, and often enough with each new form that the forbidden impulses take. This particular analyst might not be tolerant of this particular impulse—and the test must be made over and over again; but each time it represents a step in a learning process, the acquisition of a new capacity to differentiate between the analytic situation and other situations with which the analytic situation had been identified.

¹ Such flights were in fact not unusual in the patient's analysis. During his analysis with Dr. X he once fled for several months to a distant country, using for that purpose some of the money obtained upon his brother's endorsement. Also during his analysis with me, the patient not infrequently missed hours when his fear became too great.

If we examine again the hot wall dream, we now notice that this dream is already attempting to make use of a very old discriminatory insight of a similar sort. The patient had felt afraid and estranged from his father, but his mother is more indulgent, and even now the patient is able to obtain from her a gift of money. This discriminatory insight is evidently very well established in the patient, but it leads only to another cycle into which he does not have insight. Turning to his mother leads sooner or later to rivalry with his father and brothers, and so to the old dilemma of fear and estrangement from the father, whose love he so intensely desires. If the patient is to progress in the analytic task, he must be able to recognize in the analyst a father of whom even the patient's rivalrous impulses need not make him afraid.

The patient's father transference to the analyst involves him in a vicious circle. His hostility to the father aggravates his sense of estrangement from him; this sense of estrangement only renders more desperate the patient's need for the father's love and increases the rage resulting from the frustration of this intensified need. In the dream of the hot wall the patient is trying to get out of this vicious circle by turning to someone who will give him love and thus make unnecessary such intense frustrated rage; but the desire for the mother's love is too closely entwined with the father conflict and therefore leads only into another vicious cycle.

However, if the patient can now reassure himself that the analyst will still be friendly even in spite of the patient's competitive impulse to threaten him—then there can be a chance to divert some of the energy away from the vicious circle of the father conflict. If the patient can be assured in any case of the analyst's friendliness, then he need not feel so frustrated in his desire for love; and this will tend to diminish both the intensity of the patient's hostility and the desperation of his need for love. The energy thus freed from the vicious cycle of his ambivalence toward the father can now be turned to friendly coöperation with the analyst.

In the dream of being wounded in the shoulder we see the realization of these anticipations. We have already noted the marked similarity between this dream and the earlier dream of the hot wall. We now see that this similarity is based upon the fundamental similarity in the tasks the two dreams are striving to accomplish. Both are attempting to solve the infantile father conflict by finding a substitute for the father that will be more indulgent or more tolerant. Accordingly in both dreams we find pictorial representation of mysterious forces symbolic of the unconscious and of its repressed infantile father conflict centering about the primal scene. In both dreams we also see an attempt to relieve the intensity of this unconscious need for the father by turning to a more tolerant or indulgent substitute in real life.

The fundamental difference between the two dreams is a mark of the patient's progress in the analysis during the interval between them. In the earlier dream he is trying to evade investigation of his unconscious conflict by turning to the mother as a substitute and getting money from her. In the later dream he has made a first step toward the solution of his unconscious conflict, by turning to the analyst and accepting a bit of unwelcome insight, in place of the castration he fears from his father.

In this dream the patient's acceptance of this insight is represented as a wound in the shoulder. This corresponds to the sacrifice of the dead fishes' heads in the dream of a week previous and signifies the giving up by the patient of his desire to compete with the analyst by denying the validity of the analyst's interpretation. The patient is able to make this latter concession whereas the possibility of real castration only filled patient with frustrated rage. The reason for this is obvious; merely admitting the truth of an interpretation is an incomparably less masochistic way of winning a father's love than is real castration.

We have already discussed the basis of this diminution of the patient's masochism. In the meantime the patient has attacked the analyst and has received encouragement instead of

reproof. As we anticipated, this reassuring experience has enabled the patient to divert some of the energy away from the vicious circle of his father conflict and so to diminish both the intensity of his hostility and the desperation of his need for love. In the dream the patient not only admits to himself that he has been wounded but he is also playing again a protective rôle toward the children in the court. In other words, as we anticipated, the energy freed from the vicious cycle of the father conflict is now about to be turned to friendly coöperation in the analytic task.

E. Summary and Conclusions

The material we have been discussing suggests many interesting problems concerning types of dream organization and their relation to the economic distribution of psychic energy. I shall postpone discussion of these topics, however, until a later paper in which it will be possible to compare a considerably greater number of dreams.

We started this study by inquiring how far a psychoanalytic treatment could be regarded as a learning process, as a process of progressive adaptation in external adjustment. I shall not attempt to discuss this question exhaustively until we have completed our resumé of the whole case material. However, our analysis makes it plain that the patient is dealing throughout this three weeks period with a single problem in external adjustment, that of overcoming his fear of the analytic task and of adapting himself to the analytic situation. We have also seen that the overcoming of his fear was made possible by his learning to take advantage of the difference between the understanding, tolerant atmosphere of the analysis and the repressive, threatening aura with which patient had surrounded the memory of his father. Thus as in most learning processes, the solution of the patient's problem depended upon his acquiring the ability to act upon a discriminatory insight. This discriminatory insight made possible a second more fundamental adjustment, the diminution of the patient's fear

as a result of the diminution of the intense ambivalence that was the cause of the fear.

It will be interesting now to summarize the factors that seem to have contributed toward the solution of this problem. (1) First of all, the analysis provided him with an attainable goal. Pavlov's¹ and Köhler's² experiments have shown most beautifully what we already knew in a general way before, that when an individual or animal is pushed to take a step in learning that is beyond its capacity, its attempts at learning tend to be replaced by reactions of frustration or (in Pavlov's studies) by stereotyped reactions that Pavlov himself compares to human neuroses. Neuroses probably in every case represent a permanent fixation upon frustration reactions of this sort, resulting from traumatic situations in emotional development in which the patient was unable to take the step in learning that was required of him.

Such a concept of a neurosis as the product of a disturbed learning process suggests also the principle upon which therapy must be based. Since the step that life demands of the patient is too great, the treatment must somehow manage to divide this one long step into a number of smaller ones. Psychoanalysis attempts to do this first of all by providing a situation in which impulses that are forbidden in real life are met with understanding and a certain amount of encouragement. Thus the analysis itself facilitates the learning process by substituting a more attainable goal, that of adjusting to the analytic situation itself, in place of the goal which the patient has been unable to reach, that of adjusting to the problems of real life.

In this particular three weeks period of analysis, we notice that the analyst's interpretations of the dynamic character of the patient's conflict serve a similar purpose. They provide the patient with a still more specific and easily attainable goal. The three weeks' period ends specifically by the patient's

¹ Pavlov, I. P.: *Lectures on Conditioned Reflexes*. New York: International Publishers, 1927.

² Köhler, Wolfgang: *The Mentality of Apes*. London: Kegan Paul, Trench, Trubner & Co., 1931.

admitting his unconscious satisfaction at having been "hit" by the analyst. It will be noticed that the correctness of the interpretations plays an essential part in the patient's satisfaction and relief. The fact that the patient is beginning to sense that the analyst knows his business, goes far to relieve the patient's fear of the realization of his envious wish to defeat the analysis. Thus the correctness of the interpretations increases the patient's sense of security and passive satisfaction and gives effective encouragement to the patient's own investigatory impulses, which are so conspicuous as an undercurrent throughout this material. Incorrect interpretations could not have provided the patient with either of these types of satisfaction, which were evidently so important in giving him the security and satisfaction that he needed.

It is important to emphasize the fact that the unconscious forces tend of their own accord to concentrate upon such intermediate goals and so to aid the analysis in its attempt to relieve the pressure upon the learning process. The best example of this is the dream of the fishes' heads, in which anal-erotic play is substituted as a temporary goal, to relieve the intensity of the patient's ambivalence toward the analyst sufficiently to allow the learning process to proceed.

As a result of this spontaneous tendency to adjust its task to its capacity to learn, the patient's material itself usually indicates rather plainly the step the patient is ready to take, and can thus serve as a very valuable guide to the analyst in timing his interpretations. If we look back at the dream of the hot wall we note that it is sort of a prophecy of the step in adjustment that the patient will be working on in the next three weeks. In the dream he is trying to solve his father conflict by distinguishing between a stern father and an indulgent mother. In the next ten days he tries to test out in the analytic situation whether the analyst may not be a mother rather than a father. After that he experiments with the distinction between the father he remembers and an analyst in the father rôle.

The patient's progress toward this specific goal of adjusting to the analyst's interpretations is now facilitated by two factors.

(2) The first of these is the frustration of the patient's attempt to evade the problem of adjusting to the analysis by fleeing to the mother. So far as I can see in this particular instance the analyst's interpretations contributed almost nothing to this.¹ The fact that the patient's flight to the mother only drove him back again into the father conflict seems to have been based upon a fundamental cycle inherent in his neurosis and would have occurred with or without analysis.

(3) The analysis, however, contributed again most fundamentally by the implicit encouragement given by the analytic situation itself to unconscious forbidden impulses. We have already discussed at length how this encouragement given by the analysis emboldened the patient's aggressive impulses and diminished his fear, so that it was possible for him to acquire the discriminatory insight that the analytic situation was indeed different from his childhood relationship to the father. This reassuring experience, as we have seen, was apparently the effective factor that led to the diminution in the patient's ambivalence and thus made it possible for him to take a coöperative interest in the analytic task.

All of this tends to emphasize the importance of reality testing in the transference. Striking as are the manifestations of the repetition compulsion, the transference is nevertheless not only a compulsive repetition of earlier events. It is also an experimental attempt to correct the infantile patterns.

In the case we have been studying, this experimental character of the transference was particularly clear. This patient was, as it were, continually trying out the analyst in various rôles. He started out by testing how well the analyst would work out in a brother rôle. This gave the patient the advantage in his desire for prestige but left unsatisfied his desire for a strong father's love. In the ten days preceding the hot wall

¹ In other cases of course it is necessary for the analyst to direct his interpretative activity specifically to the task of driving a patient out of his defenses. An example of this was patient's attempt to make play of the analysis, a defense which patient abandoned only after the analyst had reënforced his interpretations by a period of silence.

dream the fear consequent upon the patient's masochistic need for a father was so strong that it was necessary for the patient to reassure himself continually that analyst was only playing with him. When the analyst finally decided to stop playing, the patient's unconscious promptly put the analyst in the father rôle. The identification of the analyst with the patient's second brother marked the transition. This brother was also one who started out as a brother and then became a successful rival like the father. The succeeding three weeks, as we have seen, may be looked upon as a search for someone less dangerous who still could satisfy his need for a father. At the end of this three weeks period the analysis seems for a time to be meeting these requirements.

It would be theoretically interesting to inquire whether the relative proportions of compulsive repetition and of experimental reality testing in the transference manifestations may not vary in relation to the acuteness and intensity of the patient's conflict. In as much as reality testing tends to be interfered with by conflicts of too great intensity,¹ we should expect to find that the element of compulsive repetition would be proportionately greater at moments when the conflicting affects were most intense, whereas moments when the patient's conflict was less acute might be expected to show a greater proportion of experimentation in the transference reactions. Comparison of the dream of the fishes' heads with the other two dreams seems to give us some slight corroboration of this suggestion. The dream of the fishes' heads is a dream of acute frustration. The other two dreams were dreamed at times of less acute conflict. In accordance with our hypothesis, the dream of the hot wall and the dream of the wound in the shoulder are, in each case, taking advantage of rather specific facts in the patient's actual situation of the moment. In the dream of the hot wall it is the mother's gift of 50 marks, in the

¹ I have discussed this at some length in my paper on *Interrelations between Psychoanalysis and the Experimental Work of Pavlov*. Amer. J. of Psychiatry XII (May), 1933.

wound in the shoulder dream it is the analyst's correct interpretation, that the patient is using to satisfy his emotional needs. Thus in both the dreams at moments of less acute conflict, the element of experimentation with reality is relatively large. In the dream of the fishes' heads, on the other hand, the patient's hope that the analyst will applaud instead of condemn his sadistic impulses is really patterned much more accurately on the father's applause of the patient's cruelty to the cat, and is only a very distorted allusion to the encouragement given by the analysis to the patient's unconscious impulses. Moreover the manifest content of this dream is a very transparent symbolization of the patient's conflict in its infantile form (castration wish, anal attack, anal child). Thus, in correspondence with the patient's state of acute frustration, the element of compulsive repetition of his infantile conflict seems relatively great, whereas as we have seen at moments of less acute conflict, the reality testing element seemed to play a greater rôle. We hope to return to this question in later studies.

Thus again we return to the importance of the influence of quantitative factors upon the learning process. Each step in learning involves the substitution of a new method of obtaining gratification for an old one. The incentive to search for a new method of gratification must be derived from insight into the fact that the old method is no longer adequate. Realization that an old method of gratification is unsatisfactory does not lead to immediate acquisition of a new one but merely initiates a period of experimentation. The first experiments are apt not to be successful. Consequently the experimentation tends to be punctuated by periods of frustration and despair, due to the fact that the experimenter has lost his old method of gratification and has as yet found no new one to take its place. It is during this period of frustration and despair that the facilitating influence of the tolerant analytic atmosphere is of most crucial importance. In the material studied it has been pos-

sible to follow how the patient's conflict is reduced in intensity at this crucial point, by his latent confidence that the analyst will welcome rather than frown upon his aggressive impulses. It is this reduction in the intensity of the conflict that makes it possible for the patient to learn instead of continuing fixed upon his frustration.

Thus, as Alexander has expressed it, one of the most important of the analyst's tasks is to keep the intensity of the transference at a certain "optimum level".

DREAMS AND DREAM INTERPRETATION OF THE DIEGUEÑO INDIANS OF SOUTHERN CALIFORNIA

BY GERTRUDE TOFFELMIER *and* KATHARINE LUOMALA
(BERKELEY, CALIF.)

Introduction

The dreams to be discussed in this paper and their tribal interpretation were collected from an intelligent, practicing witch doctor of the Diegueño Indian tribe, which lives south of San Diego on the northern border of Lower California.¹ To the witch doctor who was a *simup kwisiyai* (literally, a dream doctor) dreams were significant because of their diagnostic value in the cure of neuroses and functional mental disorders, which he recognized as such and treated in a manner suggestive of psychoanalytic methods. Certain dreams of incest and possession by a sexual spirit were not dealt with by the magical means usually found in primitive tribes but by an analysis of the dreams and the behavior of the patient, followed by mental and physical therapy. Our informant, Doctor X., had also seriously considered the advisability of using hypnosis and the narcotic, *toloache* (*Datura meteloides*),² in effecting a transference. He derived his recognized ability in the analysis and interpretation of dreams from the visions he had while in a narcosis after taking the required *toloache* at the time of his induction into his profession; and he maintained his own power and the confidence of the members of his tribe

¹ Both authors worked together in the field during the summer and early fall of 1934.

² *Toloache* is the Spanish term for *Datura meteloides*, also known as Jimson Weed, or Jamestown Weed. It is used with varying degrees of emphasis from northern South America to the San Joaquin Valley of California. Its use is the central feature of the Chungichnish cult of some southern California tribes. Along the lower Colorado River among the Yuma and Mohave, its use is casual—individuals take it as a medicine, or as a stimulant for dreaming and second sight, and also to obtain skill in their games of chance.

through further successful prophetic dreams which concerned his own welfare and that of his clientele.

Relation of Diegueño Dreams to Those of Other Culture Areas

The importance among the Diegueño of dreams and visions for prophecy and the gaining of knowledge and power is also characteristic of most North American Indian tribes,³ although according to our knowledge the peculiar emphasis by the Diegueño upon the therapeutic rôle of dream interpretation is not paralleled elsewhere. We believe that this unique use of dreams has resulted from their attempt to solve neuroses and behavior problems which in other tribes either do not exist so painfully and in such a marked degree or have been resolved individually in other ways than through the confession of dreams to a trained witch doctor and his analysis of the conflict and its resolution. In central North America the culture areas known to anthropologists as the Plains, the Eastern Woodland (Atlantic Coast to the Great Lakes), the Northwest Coast, and Central California, form an extensive area in which individuals seek through a vision, or obtain unsought, a guardian spirit who grants them supernatural power and guidance in war, hunting and lovemaking, which constitute the major activities of life.⁴ It appears to us that the rôle of the guardian spirit complex is the psychological equivalent of the rôle of the Diegueño dream doctor complex, in that each, in its respective culture, is an instrument of aid to individuals facing crises and the problems of normal life. While in the guardian spirit area each individual obtains aid and reassurance by appealing directly to his ghostly mentor, among the Diegueño it is only the witch doctor who can obtain supernatural power, the bene-

³ It is not, however, characteristic of all primitive peoples. We have Malinowski's observation on the Trobriand Islanders, "that they apparently dream little, have little interest in their dreams, seldom relate them spontaneously, do not regard the ordinary dream as having any prophetic or other importance, and have no code of symbolic explanation whatever." See *Sex and Repression in Savage Society* by Bronislaw Malinowski, p. 92.

⁴ Benedict, Ruth: *The Concept of the Guardian Spirit in North America*. Memoirs of the American Anthropological Association XXIX, 1923.

fits of which he may extend to his patients who are usually suffering from certain mental disorders, clearly conceptualized by the Diegueño, and who may, in order to gain success in life, purchase from him various potions and talismans which he has endowed with power.

In Southern California and in the region about the lower Colorado River, tribes like the Yuma, Mohave, Chemehuevi, Walapai and Diegueño may be set off as constituting a special dream area because of the peculiar nature of the dreams and their place in the culture. Usually only witch doctors and shamans, and not every individual, have the dream experiences, and so supernatural power is desired largely for the purposes of professional witching and curing. Among the Mohave and Yuma knowledge was not obtained through learning but through the "dreaming" of a shaman while in his mother's womb or in a shadowy, preëxisting state of the world when he associated with the gods and culture heroes on the sacred mountain where he learned about the nature of the world and the culture of his tribe.⁵ In later life he can draw upon this prenatal fund of knowledge. Ceremonial song cycles, myths, rituals and cures originate in dreams whose manifest content and form are determined and censored according to the dream pattern of the tribe by the older witch doctors, who decide whether a dreamer is "good" or not and whether his dream is acceptable.

At the present time the Diegueño represent a transitional state between the guardian spirit area and the "knowledge dreaming" area of the lower Colorado River, although their closest affinities are naturally with the lower Colorado River tribes who are their neighbors. During a "dream" condition of forty-eight hours induced by the administration of *toloache*, the Diegueño doctor-initiate obtains an animal guardian spirit and receives songs, cures, knowledge, a sexual name and magical paraphernalia. He also has a conventionalized dream, known as *ERuR* in which he puts his arms around the world

⁵ Kroeber, A. L.: *Handbook of the Indians of California*. Bureau of American Ethnology, Bulletin 78, 1925. Chapters 51, 52, 53.

and "sees everything in it", interpreted to mean that he encompasses all knowledge, just as a shaman of the neighboring Yuman tribe has a somewhat comparable dream of slipping out of his mother's womb to go to the sacred mountain where he can view the whole world, thereby obtaining knowledge of the past and of the future. The guardian spirit of the Diegueño doctor is an animal—that of our informant was a mountain lion. If Doctor X.'s experience is typical, it would seem that a shift of function has occurred from the officially recognized guardian spirit, in this case the lion, to certain of the magical equipment, namely the rocks. As will be discussed in detail later, Doctor X. depends upon his five magic crystals for advice and guidance in dream interpretation, the solving of personal difficulties and protection against attack from enemies. The lion seems to have no other rôle than that of guide on Doctor X.'s hunting trips and he never appeals to it as to a guardian spirit.

Ethnography of the Diegueño

A brief summary of the culture and habitat of the Diegueño Indians and the training of the dream doctor will provide the necessary background for and understanding of the dreams given by our informant. The Diegueño Indians, who form part of the group popularly known as the Mission Indians, ranged, before the arrival of white people, about seventy miles south of San Diego along the border of Baja California, and from the Pacific coast east into Imperial Valley.⁶ Their dependence upon deer, rabbits, quail and other wild game and the seasonal gathering of wild sage and acorns necessitated a semi-nomadic hunting life within this area. Their diet was supplemented by dried fish and grapes which they received from the Yuman tribe in exchange for pinole. They lived in non-totemic, patrilineal clans with the rule of exogamy applying to the clans of both parents. At present the Indians are gathered into five reservations where they depend upon government rations, hunting and gathering of wild food and a little

⁶ The language is Yuman.

farming for their livelihood. Venereal disease, smallpox, inter-marriage with white, Mexican and Negro populations and a high infant mortality have reduced their numbers from the 3,000 of 25 years ago to about 220.

Training and Qualifications of the Dream Doctor

Formerly about one man out of every ten was a witch doctor. Although each doctor had a knowledge of general practice, there were specialists in herbs, dreams, snake bites, sucking and bone setting. Our informant claims to be the only true practitioner at the present time; that is, he is the only doctor who has derived his knowledge and power through the orthodox initiation into the *toloache* cult. Two or three other Indians on the reservation have purchased special cures and medicine bundles but their ability to diagnose and cure is limited, due to the lack of the formal, socially sanctioned training and initiation.

Unlike the Mohave shaman who is usually an abnormal individual who receives a call from the spirits which he cannot refuse, the Diegueño initiate is carefully selected by older doctors as to health, intelligence, good sense, energy and abundant sexuality. Boys between the ages of nine and fourteen who have attracted the attention of their elders because of their interest in magic and doctoring, precocity of dreaming and successful prophecies are encouraged to undertake the training to become a doctor. Our informant emphasized the necessity of possessing the above mentioned qualities of character, as he said a weakling and one with abnormal tendencies could not endure the ordeal of the training, the taking of *toloache* which marks the climax of the training and the boy's initiation as a full fledged doctor, and the arduous career of doctoring. To show the importance of youth, he related examples of the unsuccessful attempts of men older than fourteen to become doctors. A man of twenty-five was foolishly urged to become a doctor only because of his skill in ceremonial dancing. The strain caused his mind and health to collapse. Another older applicant developed a paralytic leg. Even some of the care-

fully chosen young candidates are finally eliminated, for some get too much or too little *toloache* and behave in a silly and undignified manner which forces their instructor to reject them.

The experience of our informant is typical of the training of novices. At the present time Doctor X., who is fifty-eight years of age, is a successful, practicing witch doctor. His personality and dreams will be discussed later. He was chosen at the age of nine by his mother's father, a dream and herb specialist, to become a dream doctor because of his frequent dreaming and his attempts at interpretation, his curiosity about his grandfather's magic and his proven skill and luck in hunting which in turn depended upon his observance of warnings and advice obtained through dreams. Had his prophetic dreams not been borne out, it is unlikely that he would have been chosen as a candidate. As Doctor X. stated, "Anyone can dream and pretend to prophesy, but the mark of a witch doctor is that he dreams true." For a year the novice was instructed in the diagnosis of disease, curing, dream interpretation, tribal and professional ethics, star lore, spirit communication, hunting secrets, witching songs and the preparation of magic for success in gambling and love. The instructor listened to the dreams of his disciple and pointed out their meanings. It was not necessary, according to Doctor X., for him to tell his grandfather his dreams, because the old man "knew them already". A good doctor knows the dreams of his pupil before he is told. At the conclusion of training, both master and disciple underwent preliminary fasting. Then the initiate was isolated in a brush enclosure away from the village. At sundown the most important rite in his training took place—the administration of a dose of *toloache*. The use of *toloache* is exclusively in the hands of witch doctors who use it principally for initiating young doctors.⁷ The drinking of the drug at initiation is heavily weighted with importance in this tribe. The ritual

⁷ Occasionally it is taken as a medicine but is extremely dangerous unless accompanied by the proper magic formulae known only to the doctors who took it at initiation.

drinking at sundown at the end of the year of training is the requisite for becoming a good dependable doctor. *Toloache*, according to Doctor X., not only gives a doctor new knowledge when he takes it, but also it gives him the ability throughout the remainder of his professional career to continue to learn new cures and to dream successfully. Our informant stated, "*Toloache* puts you into kind of a dream state of mind that stays with you for the rest of your life, and you never forget what you learned. It helps you to keep on learning too and gives you power in everything. Without it you aren't a real doctor."

A half hour after the initiate drank the *toloache* decoction, his teacher examined him on the knowledge he had acquired during the year of preparatory training. Doctor X. said the drink made him happy and sleepy and that as its effects increased he saw crowds of people about him, some of whom he knew, others were strangers who would figure in his later life. His teacher questioned him about the future of these people and the methods he would employ in diagnosing and treating them. During the narcosis of forty-eight hours he also dreamed of his animal guardian spirit, the mountain lion; the five magical pieces of quartz which would be an important part of his doctoring kit; his *toloache* name of sexual reference to be kept secret from all but fellow practitioners; and finally the *ERuR* dream of world knowledge. These specific *toloache* dreams are to be discussed under the heading, *Dreams of the Dream Doctor*. It is interesting to note at this point, however, that in discussing each of the above *toloache* dreams, our informant maintained that he did not know he was supposed to dream "these things" or that other doctors had dreams of similar form and content. Thus when he dreamed of five crystals of much potency he did not know that a doctor used such rocks, and was "surprised" a month later when his teacher showed him a collection of rocks and told him to choose his own. He at once selected from them without hesitation the precise pieces he had dreamed about four weeks before. It is obvious that a certain pattern of dreaming is followed by every

Diegueño doctor-initiate while under the influence of the drug, and also that the attitude of professed ignorance and surprise at dreaming the proper thing (standardized by his profession) is similarly a definite part of the pattern. The forty-eight hour narcosis is concluded by taboos of food and behavior which last a year and are for the purpose of insuring the health of the doctor for the rest of his life. A fiesta ends with the lifting of the taboos and the young man begins his career under the direction of his teacher. Doctor X. still receives, through the medium of dreams, advice from his grandfather who has been dead for many years.

Classification of Dreams by the Dream Doctor

Doctor X. grouped all dreams into three major classifications: the meaningless, the standard, and the significant. (His terms were: the accident, the common and the important.) We shall discuss each of his dream classifications with special reference to the mental condition of the dreamers, their health, and their tribal status, which were significant factors to Doctor X. in understanding the dream as a clue to his patient's behavior. The meaningless or "accident" dreams are those of the average healthy woman and child and those due to passing physical complaints. The significant include the troublesome dreams of anyone in the tribe, which usually concern sex, spirits and prophecy, and the dreams of abnormal members of the tribe. A witch doctor's dreams are always significant. Standard or "common" dreams (often merely good and bad luck symbols) are those which require no professional interpretation because their meanings are obvious to everyone.

Meaningless or "Accident" Dreams: The majority of women's and children's dreams fall into this classification. Like most primitive peoples the Diegueño believe that dreams caused by over- or under-eating, over- or under-sleeping, headache, stomach ache, or any physical pain have no significance unless dreamed by a *kwisiyai* (witch doctor). They are in the words of our informant "just accident" dreams. Women have more foolish dreams than men. They dream of love, of get-

ting married, of their husbands and of whipping. (We could get no further information on the whipping dreams of women. The term may be a stereotyped one referring to the "Bad Songs" which are obscene, sexual songs that constitute a conventionalized way for women to deride members of certain rival clans.) Women are said not to dream much about cooking. Since no Diegueño woman is destined to undergo the *toloache* ceremony she can never have the special *toloache* dreams; and furthermore, her dreams are for the most part so trivial that no doctor will bother to interpret them for prophetic use unless she is an abnormal woman. A woman's dreams are valuable only when the *simup kwisiyai* (dream doctor) tries to gain some insight into the mental disorder from which his patient appears to be suffering.

Most children's dreams are also unimportant unless the boy child is a "born *kwisiyai*". Actually there is no such person as a "born *kwisiyai*", according to Doctor X. since all doctors derive their powers through learning from older doctors and the taking of *toloache*. But a child who is referred to as a "born *kwisiyai*" is one whose dreaming might be prophetic and therefore must not be disregarded. Like our informant's young son, such children have prophetic dreams which come true; they are interested in collecting miscellaneous trifles which they pretend are of magical worth; and they dream almost every night of future events and animals who give them advice. These children are eminently suited to become doctors, and older *kwisiyai* urge their parents to permit them to be trained.

Standard or "Common" Dreams: This classification includes dreams whose meaning, usually prophetic, is known to everyone in the tribe, and also any other dream whose affect does not ordinarily disturb the dreamer upon waking. A dream doctor is little concerned with them professionally, unless their effect on the dreamer is so great and troubling that he consults the *kwisiyai*. Doctor X. said that dreaming after midnight made the dreamer weak, but that dreams from two to three o'clock in the morning were the most clearly defined and most

likely to come true. The statement that dreaming after midnight makes the dreamer weak doubtless means that since the dreams at this time are thought to be more prophetic and noteworthy, their affect is correspondingly more marked. Six months or one year is the time limit allowed for dreams to come true. If one intends to tell the dream, popular belief decrees that it be told the first thing in the morning or not at all.

Death warnings in a dream are carried by a horned owl, or any animal, especially the coyote, running around the dreamer's house. The animal in the dream always has something peculiar about it, indicating that it is really a spirit in disguise or that it has been sent from the other world by a dead relative to warn the dreamer. To dream of a little baby or of a little sister when one has neither is a certain indication of the death of a relative. To dream of a particular relative dying is interpreted to mean that another relative will die. Bad luck dreams are those of dog or coyote bites. Very shortly a rattlesnake will bite the dreamer. When asked the meaning of some falling dreams, Doctor X. said that to dream of fingers falling foretold an accident; teeth falling meant a fall or injury; hair falling omened a fever. Good luck dreams are of the eagle, bees, honey, cutting up a large supply of meat, and making jerky. A dream of straight, clean arrows is a positive sign of good luck; black, crooked ones are an ill omen. To dream of snakes has a number of interpretations. It may mean that one will be bitten by a rattler. If both husband and wife dream of snakes, they will have many children. If a woman has a snake dream she is certain to have a baby. When a pregnant woman dreams of pimples on the forehead and cheek it signifies that her child will be a boy; her dream of patches like moth spots on the face foretells the birth of a girl. When a single man has frequent love dreams and recounts them, he is merely advised to get married. The love dreams of married men and women involving persons other than their spouses are of little importance. It is a popular belief that if a married man has recurrent love dreams about another woman than his wife, the latter will die within the year. When he

meets the other woman, it is believed that she will know about his dreams and will have had similar ones about him even although there was no communication or understanding between them. This seems to be a cultural patternization of dream wish-fulfillment.

Significant Dreams: Dreams of women, children and uninitiated men sometimes become so bothersome that the dreamer voluntarily consults a dream specialist for relief. Sometimes the worried dreamer will spend days brooding over his dreams without consulting the doctor and his conduct soon becomes so asocial and introverted as to force his close relatives to call in the dream doctor to diagnose the condition of the patient, analyze the dreams and prescribe therapeutic measures.

Spirit Dreams: Frequent dreaming about spirits, particularly those of a dead relative, requires treatment by a *kwisiyai*. Almost any competent witch doctor, regardless of his specialty, is able to treat persons who suffer from insistent spirit dreams. The *kwisiyai* knows that the spirit wants something he has left behind, usually an article that should have been included in the burning of property at a funeral, an important rite in the culture of the Diegueño. By communicating with a spirit in darkness the doctor learns what the departed person specifically wants and then tells the afflicted dreamer to burn the object.

Dreams of Persons with Mental Disorders: Most of a dream *kwisiyai's* patients come to him for consultation because of recurrent love dreams with such grave affects that their whole round of existence is seriously disturbed. It is in the analysis and treatment of such dreams that the Diegueño dream specialists show their sharpest understanding of functional mental disorders. The disorders most commonly diagnosed are known as *kimilue* and *echul*, which the dream doctor regards as two phases of sexual hysteria. This hysteria is most easily cured in the early stage of *kimilue*, but if it progresses through the condition of *echul* without any corrective treatment, it may end in a complete insanity, known as *simiRai* in which the individual dissociates himself completely beyond recall from tribal life.

1. *Kimilue*: The *kimilue* patient loses all interest in daily life, has sexual dreams, sleeps late, either mopes or runs wild or both, suffers loss of appetite and is generally apathetic. Our informant translated *kimilue* as "boy crazy" although he used the term with reference to both sexes. Usually boys and girls between the ages of twelve and fourteen are most liable to become *kimilue*. Old maids who have never known sexual satisfaction are also frequently subject to the disorder. When questioned about widows, Doctor X. declared that it was by no means an impossibility for them to become *kimilue* but that generally, "they are too old to care about it (sex) any more". While no premium is attached to male or female virginity, *kimilue* boys and girls have bad reputations in their community and their chances of obtaining substantial hard-working mates are small. *Kimilue* children present serious problems to their parents, for it is said that no one wants a *kimilue* husband or wife. A successful treatment by a witch doctor might effect a change so that the youth could achieve a respectable marriage. Doctor X., as a professional man, considered a mild *kimilue* in a youth as a healthier symptom than complete indifference to the opposite sex. When the *kimilue* dreamer or patient consults the dream doctor, he is ashamed and reticent about relating the sexual dream or revealing the identity of the dream lover. The dreamer says, "*Nimaiyai esmuch*" (dreamt we've slept together). The dream is usually a complete sexual dream with seminal emission. Doctor X. continued to describe his first meeting with the patient: "After a while he stops being ashamed of me because he knows I know all about those things. A good *kwisiyai* knows all about the dream and who the person in it is without being told." He considered that the narration of the dream experience by the dreamer had a salutary effect, and therefore he required his patient to discuss his dreams and conflict freely with him. For the successful cure of his *kimilue* patient, the *kwisiyai* recommends immediate marriage to anyone. The parents are advised to help select a suitable husband or wife for their child and are warned that the disease which is mild at first can and will become progressively worse unless

taken in hand, and will develop into another sexual disorder known as *echul*.

2. *Echul*: When first describing *echul*, Doctor X. referred to it as epilepsy, adding that persons afflicted with the disease were "fitsy". We have good reason to believe that it is not an epilepsy or an epileptic state but is rather a sexual hysteria, the manifestations of which are pronounced during late adolescence and become acute during such crises in the life of an individual as divorce, separation, death of a mate, extreme grief. The term *echul* is the word for bullet hawk, a bird believed to be inherently dangerous. Its feathers are never kept around the house and it is avoided on all occasions since its mere presence is sufficient to produce dreaming of a very violent nature. The *echul* bird is popularly believed to take the form of a very beautiful person, male or female. A person known to be possessed by *echul* is referred to as "that bird's spouse". The symptoms are similar to those of *kimilue* but are much more exaggerated. The following is typical of the experience of a person afflicted with *echul*:

A young girl came to the dream doctor for treatment shortly after her engagement to be married had been broken. At first she dreamed constantly of her lover, took no interest in her household duties and behaved, according to the doctor, in a "fitsy" manner. The episode which brought her to the dream specialist was a fall from her horse during a fit. She rolled on the ground "as if a man was with her". Her mother, weeping hysterically, seized a club with which to beat off the *echul* bird-lover who was thought to be with her, and inflicted severe wounds upon the girl. Doctor X.'s psychotherapy consisted of having her relate to him episodes in her love life and recent dreams. He advised a change of scene followed by marriage to anyone of the right clan. He also did some blood letting and recommended such nourishing foods as acorn gruel and pinole mush to build up her physical strength.

The danger of the *echul* dream lies in the fact that it is rarely entirely forgotten by the dreamer in spite of the attempts at

cure. Doctor X. said, "The patient dreams about the man or woman just like he was sleeping with him. He hugs the pillow and everything and loves him and never forgets it. It's like a *toloache* dream because it stays with him forever." The following is a case of *echul* which our informant treated several years ago:

A young Spanish boy came to Doctor X. for treatment. He did not have fits, Doctor X. said, but foamed at the mouth. He asked the boy to tell him about his dreams and his troubles, which of course Doctor X., due to his *toloache* power and insight, already knew. The boy had been jilted by a girl in Los Angeles. He could not forget her. He broke windows in her house and then ran away to hide. He went to San Diego and later went to the reservation where he consulted Doctor X. While studying the boy's dreams Doctor X. took a quart of blood from his left arm. The boy, he said, then lost half his weight. Then he began to build up his strength and advised him not to return to Los Angeles or the vicinity of the girl's home. (This was a definite part of the cure.) The foaming at the mouth ceased and the boy regained his strength so that Doctor X. advised him to take a job in Imperial Valley. While there the boy was put in jail because of some passport difficulty. He had nothing to do in jail but dream of *echul* until he could not put the girl out of his mind day or night. He was sent to Los Angeles for trial. (Doctor X. believed that this was only an excuse on the boy's part to see the girl again, adding that the boy could not expect to be cured without following his instructions.) As soon as the boy reached Los Angeles he began to foam at the mouth again. By this time the girl had married another man. The boy could not stop dreaming of the girl and became *echul* for good.

Doctor X. described two other cases of *echul* which he could not cure because the patients had dreamed about *echul* too long before seeking aid from the dream doctor. He added, "Their brains got soft and they developed fits." In both cases the dreams of *echul* were preceded by permanent rebuffs from sweethearts. Marriage, which Doctor X. thought effected the

most satisfactory cure for *echul*, was of no avail if the disorder had lasted too long.

An unmarried woman on the reservation suffering from *echul* was told to go to Yuma for a change. She returned to the reservation, was married in the church and showed temporary improvement but soon suffered a relapse. Doctor X. declared, "She married too late. She sat around and moped all day, didn't work, kept thinking about *echul* and became *echul* for good." He had advised her to marry anyone, for he knew that the lover who appeared in her dreams had no counterpart in real life and that her dreaming was an admission of sexual need.

It is interesting to observe that the dream doctors of the Diegueño had so clearly formulated the pattern of "love dreams" that once a doctor heard the key symptoms of a mental disorder, he proceeded to draw upon his experience as a practitioner in breaking down the initial resistance of his patient by stating at the outset of the treatment, "You can't be ashamed in front of me because I know all about your dreams", intimating that it was useless for the patient to conceal anything from a man trained in magic and dreams. He thus gained the confidence of his patient who narrated the details of his experience and dreams, the narration of which is so important in therapy. Then the dream doctor fitted the general pattern of the treatment to the individual needs of his patient.

When asked about the connection between *kimilue* and *echul*, our informant stated in very positive terms that "*kimilue* is the beginning of *echul*". When an untreated *kimilue* condition, an unhappy love affair, the separation of lovers through death or divorce, quarreling or jilting, or an equally unhappy condition of having no love affair or an obsessive fantasy love life, or contact with bullet hawk feathers, resulted in the development of such severe symptoms as erratic behavior, melancholia, fits, foaming at the mouth, the patient became known as "*echul's spouse*". The *kwisiyai* fully realized that the disorder had a basis in a frustrated sexual life. Instead of magically exorcising the bullet hawk demon who possessed the

patient, the dream doctor used a psychotherapeutic treatment, the fundamentals of which he had learned while being trained as a dream doctor. We could not obtain any information, historical or otherwise, as to why the bullet hawk *echul* should be considered the prototype of certain sexual obsessions and the possessing demon in the extreme form of the disorder, regardless of what the actual initial factors producing the obsessive dream might be. It is certain that the *echul* form of hysteria has been determined by mythological beliefs of the Diegueño regarding the bullet hawk, and is a conventionalized means, whether conscious or unconscious, of protest on the part of a maladjusted individual who has lost the ability to solve his emotional problems in the accepted tribal manner. The two forms of maladjustment, *kimilue* and *echul*, were very common in the time of Doctor X.'s grandfather before the arrival of the Spanish, and so are not attributable to the introduction of white culture. What part white culture may have had in increasing in number and aggravating these disorders we cannot determine at the present stage of our study of the Diegueño, but it is likely that wherever we meet with the breakdown of an indigenous culture more maladjusted individuals will be found. Anthropologists are beginning to realize more and more that cultures vary in the stability and harmony of their individuals, and that some cultures, without any foreign influence whatsoever, put more of an emotional strain upon their members than others.⁸

3. *Echul* and Incest: Doctor X. volunteered the information that *echul* can easily result from incest dreams, but he was vague and gave us only meager information on this point. Our conclusion was that in some way he identified both types of dreams as obsessive. There is an interesting and curious reversal of Freudian psychology in Diegueño dream interpretation. According to Diegueño psychology the dream of incest is always the cause of the incestuous act: "People keep dreaming and dreaming at night of sleeping with their sisters or cousins and then they can't get it off their mind. They dream

⁸ Benedict, Ruth: *Patterns of Culture*. Cambridge: The Riverside Press, 1934.

it and the first thing they know they're in bed with them. Their dream stays in their mind and then they go out and do it." After the patient has discussed his dreams with the dream *kwisiyai* the latter advises immediate separation of the incestuous couple. If the incestuous act is still only in the form of a dream, he recommends that the individual move to another area away from his near relatives. Should parents suspect that their children are having incest dreams, they too urge them to move away from the family, marry into the right clan and settle down. Although there is no punishment for an incest dream, the dreamer is always ashamed upon waking from his sleep. Again, it is the severity of the affect which impels the dreamer to consult a *kwisiyai*. Incest dreaming must be stopped because it invariably leads to the commission of the incestuous act, according to Diegueño psychology; and this, whether in the form of brother-sister or cousin incest is equally reprehensible. We have already mentioned that the Diegueño practice clan exogamy which continues even today, so that marriage within the clan is technically incestuous. But as among most primitive peoples, they certainly do distinguish between clan incest and true kin incest.

It is interesting to note that *tismuch* or hypnotism, which the doctor learns during his *toloache* initiation and uses subsequently in love magic, is not used in the treatment of *echul* or of incest dreams. It was believed by our informant to have no curative value since under hypnosis there would be no conscious narration of troublesome dreams by the dreamer and therefore no mental catharsis. Furthermore, under hypnosis as practiced by the Diegueño, the patient could not be questioned by the doctor because the hypnosis consists principally of fixing the eyes upon the subject so that he is drawn to look at the hypnotist. Doctor X. explained, "You can't use *tismuch* to cure *echul* or for dreaming about relatives sleeping together. You got to talk to them (patients) and medicine (herbs) won't cure either. You can't use *tismuch* to cure *echul* because then the patients wouldn't talk out anything and he wouldn't remember what he said." Although Doctor X. had never

attempted to treat *echul* by means of *toloache* he said that he had often intended to try it. "Give them *toloache* and then they will talk out their fits by questions and answers as in the *toloache* initiation. After that you got to build them up."

Dreams of Abnormal Persons: Twins (male or female), persons born with cauls (male or female) and women lacking menstrual periods are among the laity whose dreams are significant. Their dreams have definite prophetic value which no *kwisiyai* or relative of the dreamer can afford to disregard.

1. Dreams of Twins: Female twins are recognized by *kwisiyai* and the laity as highly reliable dreamers. But since no woman can ever become an ordained witch doctor she can use her powers of dream interpretation non-professionally only and not for a fee. Should she ever attempt to practice professionally, a strong male witch doctor would see to her swift poisoning. No female twin has ever been known to practise, not even the very capable *Kwita'an*, or "Little Annie", the twin sister of Doctor X.'s *toloache* instructor (his maternal grandfather's twin sister). According to our informant she knew as much as her brother, although being a woman she had not of course taken *toloache*. Frequently she accompanied him on calls and was even present at times when he treated gun shot wounds. Ordinarily the presence of a woman near a sick bed, especially in the case of a gun shot wound, is unthinkable. Little Annie was familiar with many cures, and as a twin sister learned many of her brother's secrets of dream interpretation. She knew that her brother would poison her if she dared to work alone. Besides possessing strong powers derived from her twinship, Doctor X. was certain that Little Annie lacked her menstrual periods, which gave her additional power. We do not think Doctor X. believed all female twins lacked menstrual periods but he did imply that they were sexually abnormal women, being either under- or over-sexed. Invariably, however, men considered female twins dangerous sexually and Doctor X. related anecdotes of adventures with twins at fiestas where men dared each other to approach them. Doctor X. was dared to dance with one of the twins whom he said

"no one would touch with a forty foot pole". Male twins are always encouraged to take *toloache* because they possess natural powers which are then reënforced by the taking of the drug. Only one of the twins, the last born, is given *toloache*. Twins always have identical dreams at the same time and are similarly affected by their dreams. All that is learned in the dream state by one twin is communicated automatically to the other.

2. Dreams of Persons Born with Cauls: Whether male or female, such persons "dream to perfection", and their dreams are of interest to the tribe in general and to *kwisiyai* in particular. Here again although a woman born with a caul is believed to possess unusual powers of dreaming and curing through dream interpretation, she would never dare to practise. But when referring to any woman of the tribe who had significant dreams, our informant would always add, "She must have been born with a veil on because it happened just the way her dream said it would". He always paid attention to his wife's dreams prophesying death because he suspected (due to the accuracy of her dreaming) that she was born with a caul.

3. Dreams of Women Without Menses: Men are too much afraid of such women to allow them to become doctors. They are keenly aware of their remarkable powers of dreaming, witching and curing. Little Annie was said to dream and interpret dreams as perfectly as her twin brother, not only because she was a twin but also because she was believed to have lacked menstrual periods. Doctor X. also said he would not be surprised if she had been born with a caul in addition to her other abnormalities. There was naturally no way of checking this information. Our informant told us that "menstruation was exactly why women could not take *toloache*". From all accounts of Little Annie we concluded that she was a woman of weak sexuality rather than a Lesbian. Although Doctor X. described her as a woman who spurned the society of men and took no interest in masculine attentions, he did not say that she craved the attentions and love of women. He did not refer to her as *epach synxahkai* or "half-man, half-woman", a term which he reserved for true Lesbians. Lesbians, of

whom there seems to be an unusually great number at the present time as well as during the lifetime of the doctor's grandfather, had no special dreaming ability. Our informant, who specialized in the cure of homosexuality, had found nothing noteworthy in their dreaming. They have ordinary love dreams about members of their own sex, but Doctor X. thought this perfectly natural. It should be noted that while *kwisiyai* generally felt a professional and social interest in the treatment of Lesbians, they disregarded homosexual men, even laughed at them. They were looked upon as weaker brothers, socially and sexually, and therefore we believe that a homosexual boy would not have been selected as a candidate for the *toloache* cult. A medicine name of the conventional type descriptive of great sexual powers would be thoroughly inappropriate for a homosexual man.

Dreams of the Dream Doctor

No dreams that a witch doctor has are unimportant. Even those occurring as a result of fever or stomach ache could become significant if the doctor would bother "to trace out their meaning". Many of his dreams are prophetic—indicating good or bad fortune for the whole tribe, others concern his own future only. Doctor X. divided his own dreams into two groups: (1) those which he had during the narcosis of *toloache*, (2) all of the dreams he has had since his *toloache* initiation at the age of nine.

Specific Toloache Dreams: There are five standard, conventionalized dreams in the doctor-initiate's dream complex which occur during the forty-eight hour *toloache* narcosis at the time of initiation.

1. *Toloache* Name Dream: The initiate's dreams of his *toloache* or medicine name which he keeps for the remainder of his life is one of the most important events in the career of any witch doctor. Our informant stated that the name is always conferred in the following way: during some part of the initiation, while the candidate is still under the influence of the drug, his teacher asks him to select a name that he would

like to carry with him always as a sort of descriptive badge of his real personality. The candidate is not supposed to be familiar with any *toloache* or medicine names since they are very secret and are never discussed except possibly at closed meetings of the witch doctors. The candidate begins to concentrate on the selection of a name and in the next dream which he has while in the brush enclosure, an appropriate name comes to him. He does not have to tell his instructor what name he chose in his dream for the latter "knows all about it". After the dream of his own medicine name the candidate also guesses his teacher's name. As we explained above, this pretending of ignorance as to the proper choice of name has been conventionalized in the culture. It required several weeks of work with our informant before he would reveal his *toloache* name and its significance. He said, "In *toloache* you get the worst names you can dream of but they're pretty true." After some hesitation he decided that it would be permissible for him to expose the name of his grandfather since the latter had been dead for a number of years and the name did not happen to be a particularly "bad" one. It was *simup kupkau* which means "to meet dreams" or "you meet dreams". Doctor X.'s grandfather was constantly "meeting things in his dreams—women, deer". As he was a prolific dreamer the name suited him well. Then Doctor X. went further and told us that another *toloache* name, that of a deceased witch doctor, was *chiputch kupkau*, "you meet women's urine". This name he said also suited the bearer because he was a good hunter who traveled extensively and invariably came into contact with his *toloache* name. Another tribesman who had not taken *toloache* but who was well informed on herbs and cures wanted a medicine name and selected for himself a name "something like a *toloache* name". His selection was *xema xamuk*, or "three penis", which however, did not carry the full weight of a true medicine name in that it never was kept secret. For some reason this man had been overlooked as a *toloache* initiate although he was a "perfect dreamer", and Doctor X. added that we could verify the accuracy of his choice of name as he

was still living on the reservation. After warming to the subject of medicine names our informant decided to reveal his own name, which is *sepan kupkau* or "you meet vagina", stating, "That's my medicine name but it suits me fine. I've been lucky at that." He then related a variety of experiences of his amorous success with Apache women while living in that country for two years.

2. *ERuR* Dream: A second dream had only by *kwisiyai* but not by all *kwisiyai* is the *ERuR* dream, literally, the circle dream. During the initiation the candidate may dream of putting his arms around the world with the fingers touching, a symbol of all-embracing knowledge. A doctor who has the complete *ERuR* dream in which the fingers touch (it was a typical boast of our informant that his hands even overlapped) will be powerful and successful throughout his life. The circle represents the world full of animals and women. Doctors are permitted to discuss this dream with one another but Doctor X. believed that they very often pretended to have had the dream or an approximation to it. A doctor who feels his power and self-confidence failing goes into the hills to fast and concentrate on his magic rocks in the hope that the *ERuR* dream will come to him again to reënforce his vigor. Twice in recent years our informant has sought the *ERuR* dream. This need for renewal of power may have been occasioned by his approaching old age and the insecurity of his professional status due to white culture. The realization of waning physical and spiritual vitality is especially disheartening to a *kwisiyai*, who because of his magic is expected to outlive his contemporaries.

3. Guardian Animal Dream: Doctor X. dreamed of the mountain lion whose function at the present time is mainly that of a guide on hunting trips. He believes that the lion would never permit him to die of thirst or exposure in the desert. It would appear in his path to lead him out of danger.

4. Cosmogonic Dream: During the narcosis the initiate dreams of *Synioxau*, "the hunter's grandmother" and the first woman in the world. She was present when the primal hunter gave the animals their characteristic markings and names. An

attendant sings the songs narrating the cosmology and cosmogony of the tribe known only to witch doctors, thereby suggesting a dream of *Synioxau* to the candidate.

5. Magic Rocks Dream: The first occurrence of the dream of magic rocks, which is the most important of the *toloache* dreams, is at the ceremony. When his teacher gives him the rocks he has dreamed about, the young doctor uses them daily to understand subsequent dreams whose meaning would not be obvious even to *kwisiyai*. The rôle of these rocks in dream interpretation is examined in the section on Doctor X.'s individual dreams.

Individual Dreams of Doctor X.: We are presenting below certain dreams which Doctor X. considered noteworthy, recounted in detail and referred to frequently during the course of our field work. They had profoundly influenced his intellectual and emotional reactions and had, in some cases, determined his immediate actions. The dreams themselves had been attended by pronounced affect on waking and had been accompanied by such physical symptoms as nausea, headache, numbness of a finger and forearm. We observed that this affect carried over into the narration of the dreams to us, revealed by his excitability in recounting them and in the frequency with which he repeated them. We were particularly interested in the sameness of expression used in each version. We feel that his close professional examination of them with a consequent stylization and organization accounted for the rarity of variation. He was proud of his ability to dream "true" in prophetic dreams and boasted of his success in the control of the events prophesied. Some recurrent dreams which he had undoubtedly been unable to solve to his satisfaction he would ponder on in our presence hoping to gain assistance in understanding their meaning.⁹

⁹ We had occasionally related our dreams to Doctor X. for his interpretation. One of our dreams which he considered a prophetic dream-warning was borne out when word was received of the grave illness of a relative. As a result he considered us "good" dreamers and regretted that we were women as otherwise we could have been suitable candidates for the *toloache* cult of dream doctoring.

"I dreamed that my rocks in the hills were changing position. I saw them moving out in the hills where I hide them because they are too dangerous to keep around the house." (End of dream.) "I got up right away and went and looked. Sure enough they had changed position. I knew something was up. Maybe somebody was going to poison me. I took one rock home, put it under my head to dream on to get the straight of it. I knew I would have another dream. The same night I dreamed this: 'There were lots of people all under a brown paper covering, fighting and getting mussed up. Then they come out of the paper every which way.'" (End of dream.)

At a fiesta shortly after this pair of dreams Doctor X. was warned by his friends to leave the grounds because there was trouble ahead. Soon there was shooting and a scramble of people but he remained "to fight the whole bunch" since he knew from his dream that he would emerge unharmed. This is a typical paired prophetic dream concerning which Doctor X. would often state, "the dream told me just how to act". The confusion of people in the above dream was interpreted literally and indicated a fiesta as the most likely occasion for the trouble.

"Three nights ago my stones came to me in a dream and told me to be careful, there was going to be a shooting. The rocks were like some friends I knew but I couldn't see their faces clear and I couldn't hear plain what they was telling me." (End of dream.) "Right after that I had another dream, that the trouble was going to be about government rations and in my dream somebody asked me to be deputy sheriff. I said no, I was afraid somebody would get killed. (End of dream.) Sure enough the next day they asked me to be deputy sheriff but my dream come back to me and I said no, I was too busy. Now tonight I hear that the man who went in my place was killed. It all happened just like in my dream."

The latter statement was often repeated by Doctor X. He cited many similar warning dreams explaining that his rocks would give the first note of warning in a preliminary dream

which had to be followed by a second main, clarifying dream that night. Sometimes instead of dreaming of rocks changing position in the hills (preliminary dream of dream 1) he merely dreamed vaguely (preliminary dream of dream 2) of "trouble ahead" or of people whose faces he could not identify without a second clarifying dream.¹⁰

Such paired warning dreams occur not only to the dream doctors but to the general populace as well. Doctor X. stated that people other than *kwisiyai* did not, however, dream of rocks. Apparently the culture pattern of the Diegueño has limited dreams of magic rocks to witch doctors, so that theoretically the laity could not dream of them. In a death-warning paired dream, the non-professional man would not dream of rocks changing position but rather of some animal with peculiar markings who is assumed to represent a spirit in disguise from the other world and is trying to communicate some message to the living. This preliminary dream would then be followed by a main dream in which some tribal acquaintance or relative appears.

"I dreamt of a badger. I was skinning it and found it very white and fat. It kind of looked like a coon. It had a long tail but I couldn't make out just what kind of animal it was. It was more like a badger though." (End of dream.)

Doctor X. said he felt very fine after the dream and knew that it omened good luck in hunting. A few days later he and a friend went hunting and Doctor X. shot a deer which he

¹⁰ This phenomenon of homologous dreams has been discussed in *The Interpretation of Dreams* by Freud, trans. A. A. Brill, London, 1922, p. 309: "All the dreams which have been dreamed in the same night belong to the same whole when considered with respect to their content; their separation into several portions, their grouping and number, all these details are full of meaning and may be considered as information coming from the latent dream content. In the interpretation of dreams consisting of many principal sections, or of dreams belonging to the same night, one must not fail to think of the possibility that these different and succeeding dreams bring to expression the same feelings in different material. The one that comes first in time of these homologous dreams is usually the most disfigured and most bashful, while the succeeding is bolder and more distinct."

generously gave to his companion. "I knew it wasn't meant for me, because mine was supposed to be fatter, like in the dream. Late that afternoon I got my fat deer. Whenever I shoot a deer my dream comes back to me but not exactly. I always dream of another animal, not the one I'm going to shoot. That's pretty true; I've seen it time and again."

"I was very sick with pneumonia and was being doctored by a white doctor. I was sleeping on a cot by the fire and my sister was watching me. I didn't think much of white doctoring and stuffed the pills and dope he gave me in the cracks in the floor. Then I had this dream: 'I saw my dead grandfather, the one who gave me *toloache*, and I could see him talking to me. He told me how I would get well and what to do. He told me not to pay any attention to them white doctors and to throw the pills away. He told me to tear the blanket into strips, lean over the fire, burn the strips and inhale the smoke.'" (End of dream.) "I done this kind of half asleep and threw a scare into my sister who thought the house was burning up. Next morning I was well. My grandfather comes to me often. He advises me to this day and I tell him plenty too. He's the only relative I really dream about."

In recent years Doctor X.'s position in the tribe has been threatened by American laws regarding the practice of medicine, his own reluctant admission of the efficacy of treatment by white doctors, and by the fact that many of his former patients are now going to white doctors instead of to him. His insecurity and wounded ego are reflected in such a dream of conflict as Dream 4. With this dream he had associations which further indicate his attempts to reassert his ability so that his ego emerges victoriously. He stated that a few years ago he fell from his horse and hurt his back. His efforts to treat himself failed; brother doctors advised him to consult a white chiropractor in San Diego. This he did with happy results. He merely declared that "*toloache* gave me the power to pick out the right chiropractor from the ads in the newspaper". He overlooked any need for explaining the failure of his native power to cure himself.

Taking our clue from Doctor X.'s statement that his grandfather was the only relative he "really dreamed about", we asked him if he had ever seen other relatives in his dreams. He told us the following dream of his mother-in-law:

"I dreamed I was in a crowd of people. There was a woman sort of standing off to one side, wearing a nice, black, dress. I couldn't quite make out her face but I knew it was my mother-in-law." (End of dream.) "That's all I know."

With this dream he associated the fact that his mother-in-law had been one of the *kimilue* or "boy-crazy" women on the reservation. Doctor X. snickered shame-facedly as he related his dream and reminiscences about his mother-in-law's misconduct. We attribute his attitude of assumed indifference toward this dream and the associations provoked by it to three social factors of psychological import: his violation of the rule of clan exogamy which he committed when he married this woman's daughter who was of the same clan as himself: his mother-in-law's sexual laxity and his appreciation of her attractiveness; and the absence among the Diegueño of any mother-in-law taboo, thus permitting easy and pleasant social intercourse between mother-in-law and son-in-law.

"Someone told me I had a stroke and I went off to Mexico and met officers over there I knew. They drove off and looked at me when I said I didn't know where I was. They said, 'You've been here a hundred times.' 'My horse is back there, lost', I said, 'If I can find my horse I can get back there.' 'There are big blue mountains over there. Keep to the west', they said." (End of dream.) "Then I woke up, consulted my rock, put it under my head and knew I would get the straight of the meaning in another dream. Then I dreamed that somebody would get lost and not get back. By God, my dreams come true. Next morning I was called by some officers to identify a dead Indian on the road in a wreck. Before the officers come in the morning I told my wife I was kind of worried that maybe one of our children might get lost or hurt. I knew somebody was lost."

Doctor X. considered this to be a direct, prophetic dream, yet he was not wholly satisfied with his own analysis and the subsequent events which would seem to have confirmed his analysis. He could not understand why he should dream that he himself should have a stroke or be lost in a country he knew so well. Both conditions were rare occurrences in his tribe, he said:

"I dreamed I was bit on my middle finger of my left hand. It hurt me in the dream and when I got up my finger and arm was swollen for hours."

Shortly after this dream, Doctor X. said he was really bitten on the finger by a rattlesnake, when in spite of the dream warning he had gone hunting without his protective magic. His forearm and finger became painfully swollen as in the dream. This is a dream which he experiences frequently although in real life he has been bitten by a rattlesnake only once. He could offer no explanation of why he should continue to have the dream.

The following is another interesting recurrent dream which Doctor X. says he has had often during the past ten years, with minor variations.

"My machine is parked next to a sandbank. I dropped my pliers near the door and had no light. I started to hunt around for the pliers in the dark. A coyote ran by. I grabbed for my six-shooter and couldn't find it. Then I found the gun and shot the coyote." (End of dream.) "I always wake up when I am dreaming I'm just putting the meat in the car. When you dream that you want to shoot the animal but your gun won't go off, you might as well not go out hunting for a while because you'll sure have bad luck. You feel bad and sick after this dream if your gun jammed and you can't get the coyote."

Doctor X. volunteered the information that sometimes it is his bow and arrow rather than his six-shooter that fails him, and that years ago he used to dream of his horse rather than an automobile standing near a sandbank. Obviously the mani-

fest content of the dream has varied with cultural change and innovation. Doctor X. worried about this dream and considered it to be one of the most reliable dreams of his experience for prophesying success or failure in hunting. Hunting is the major economic activity of the tribe and is intimately connected with the profession of doctoring; for a doctor is expected to excel in the art of hunting because of his magic charms, his prophetic dreaming, his knowledge of hypnotism (used to paralyze animals in their tracks) and hunting secrets, gained and intensified through the taking of *toloache*. As in the greater number of Diegueño dreams, a dream doctor interprets literally without looking for latent content and symbolism, but the fact of Doctor X.'s dissatisfaction with his interpretation of Dream 8 as merely one of prophecy of success or failure in hunting—a dissatisfaction revealed by the persistence of the affect arising from the dream and his searching examination and dissection of its contents—indicates that he sensed the presence of a deeper meaning veiled by the manifest content. According to him others might have a dream comparable to Dream 8, "but they don't worry about it like a *kwisiyai* (dream doctor) does". This is a very significant statement because it again reflects the severe tests which have been set upon the witch doctor by cultural patterns. If we accept this dream as one of castration anxiety, we believe nevertheless that a witch doctor is more apt to have the dream and that it will be accompanied by more severe affect since the culture of the Diegueño has imposed the most exacting demands upon its witch doctors. In his sexual life as in all other phases of activity, a witch doctor must excel and remain potent. As stated earlier, all witch doctors are selected because of their abundant sexuality and personality. Doctor X. is such a doctor who, with the onset of old age, faces the loss of powers in hunting, curing and sexual life, and whose anxiety is reflected in his dreams.

Summary and Conclusions

Our study of the function of dreams among the Diegueño Indians furnishes us with an example of a primitive people to

whom dreams and their interpretation constitute a vital part of the culture pattern. The investigation of this phase of their culture has been assigned to rigidly trained dream doctors whose specialty it is to interpret dreams and to use them as a probe into the problems of their neurotic patients. Their interpretation extends beyond the ordinary prophetic or fortune-telling symbols (interpretation by opposition) met with among most savage peoples who are at all concerned with their dreams. The Diegueño recognize the existence of functional mental disorders and that when members of the tribe by their asocial behavior become a menace to themselves, their families and society, they require professional treatment in which their dreams are of importance in gaining insight into the neurotic condition. Dreams reveal to the dream doctor the patient's conflicts and desires, which are usually of a sexual nature. A system of therapy has been developed according to which sexual hysterias are classified and treated with due recognition of individual variation in symptom formation. It is a claim of the dream doctor that although he knows his patient's dreams before he hears them, due to his magic powers, therapeutic value lies in the narration of the dreams by the patient and in the free communication between doctor and patient.¹¹ These dreams are, for the most part, direct sexual dreams with little symbolism, so that the dream doctor interprets them literally according to his "love dream" classification. However, in the case of his own dreams our informant was not completely satisfied by his direct interpretation proceeding from the manifest content; he appeared to suspect the existence of a latent content which caused him uneasiness, but to which he had not, nevertheless, directed his conscious attention. Certain wish-fulfillment dreams, such as the dream of a wife's death, have been standardized and classified as common dreams whose meanings are patent to everyone. The *toloache* medicine

¹¹ This free communication is especially important in the *toloache* ceremony itself when the initiate tells his dreams to his teacher. Failure on the part of one instructor to question thoroughly his disciple resulted in the latter's complete mental collapse.

name indicative of sexual prowess also appears to be a conventionalized wish-fulfillment dream limited to witch doctors. The hunting culture of the Diegueño and the modifications in the mode of life introduced by white culture are clearly reflected in the manifest content of the dream. We have seen from our examination of Doctor X.'s individual dreams that the affect of an anxiety dream varies with the tribal status of the dreamer and becomes exaggerated when the status, social or sexual, is menaced.

We feel that the type of material we have collected should be of value to psychologists and anthropologists interested in the rôle of dreaming in primitive cultures and the influence of culture patterns upon individual behavior and dreaming. It is only from a comparative study of several Indian tribes that we could feel justified in drawing far-reaching conclusions. At the present time the ethnographic data are inadequate but from recent tendencies in anthropological field work it is likely that it will yet be possible to make such a comparative study.¹²

¹² Such an attempt has recently been made in Jackson Stewart Lincoln's *Dreams in Primitive Culture*, London, 1936.—ED. NOTE.

OBSCENE WORDS

BY EDMUND BERGLER (VIENNA)

The first reference to the significance of obscene words is by Freud, who in *Wit and the Unconscious* (1905) undertook to make an analytic study of obscenity. Obscenity is primarily directed toward the woman as an attempt to seduce her by the purposeful accentuation of sexual facts and relationships through the medium of conversation. When a man enjoys recounting or listening to obscenities in male company the original situation, which because of social impediments cannot be realized, is portrayed. In the original situation sexual talk is directed toward a person by whom he is sexually excited and who through hearing the smutty stories becomes aware of his sexual intentions, so that she too may become sexually aroused in consequence. If he succeeds in bringing about a sense of shame or embarrassment, his object of exciting her has been attained. He who laughs at an obscene story laughs as though he were an onlooker at a sexual aggression. These "sexualities" are closely related to excretion in its total extent. The obscene anecdote is like undressing the person of the opposite sex toward whom it is directed. Through the verbalization of the obscene expressions obscenity forces the affected person into an exhibition of the organ concerned, or of its function, and indicates to her that the aggressor portrays it to himself by this device. There is no doubt that the pleasure derived from seeing the sexual exposed is the prime motive of obscenity. The active and the passive exhibitionistic libido (exhibitionism and voyeurism) also play a rôle in the sexual act itself. However, when the more or less immediate approachability of the woman cannot be counted on, sexually stimulating conversation in the form of obscene stories may serve the same purpose. Since in such a situation sexual aggression in its progress toward the sexual act is delayed, it dwells on the development of excitement, and derives gratification from the indications of

the woman's excitement. In this manner the aggression alters its character in the same way as any libidinal impulse which finds itself confronted with an obstacle. It becomes indirectly hostile and cruel, calling upon the sadistic component of the sexual drive for assistance against the obstacle. The inflexibility of the woman, which to be sure presents the prospect of a possible yielding later, is a further prerequisite for the development of obscenity. A typical example is the impossibility of intercourse in the thwarting presence of a third person. The third person is of constantly growing importance in the development of obscenity, there being no taking account, indeed, of the presence of the woman. Little by little, instead of the woman, the third person becomes the occasion for the obscene story, and it is this metamorphosis which allies the latter with wit. One can describe the proceeding thus: First the libidinal impulse unfolds; as soon as it finds gratification from the woman impeded a hostile tendency toward her arises and sets up an alliance with the originally unwelcome third person. Through the obscene talk of the first person, the woman is exposed to the third person, who now as listener has been bribed by the effortless gratification of his own libido.¹

Ferenczi in 1911 published his well-known work on obscene words, in which on the basis of his own analytic experience he supplemented Freud's assumptions by the statement that expressions from a foreign language do not have the same effect as the "popular erotic lexicon of the mother tongue". The repression of obscene words is bound up with the text of the sexual thought complexes, and analysis demonstrates the necessity of demanding their utterance in their original form, in order to "render these tabooed words innocuous". The relationship between obscene words and the œdipus complex is unquestionable. All the sexual concepts of children are, at the beginning, clothed in simple popular expressions, the only ones comprehensible to the child. The moral censorship and the incest barrier which later cover over these childish theories

¹ Theodor Reik, some years ago, found out that the rôle of the third person in wit ordinarily serves to lessen the sense of guilt.

influence most strongly precisely this wording of the theory. We may assume that these words contain in themselves the power to force upon the listener a regressive-hallucinatory stimulation of memory pictures. The reason for this phenomenon must be sought in the listener. It may be assumed that in a wealth of memories he harbors a number of auditory and written images with erotic content, which are distinguished from other word pictures by their exaggerated regressive propensities. In the act of hearing or seeing an obscene word, this propensity for uncovering a memory is stimulated. At the age of four or five, during that immature period of life which is so important, the period during which children repress their "polymorphous perverse" tendencies, there slowly arises a phase between the renunciation of infantile gratifications and the beginning of the true latency period which is characterized by the urge to speak, write, read and hear obscene words. This impulse is to be construed as the first step in the repression of infantile exhibitionism and of the peeping impulse. The first indication of the true latency period is the repression also of these sexual fantasies and actions which have been given an attenuated expression through obscene words. This is the period in which "disgust, shame, and modesty, the spiritual forces opposing infantile sexuality, are developed",² and the child's interests turn toward cultural accomplishment (desire for knowledge). It would not be far-fetched to assume that this repression of obscene word pictures takes place when speech, particularly the intensely affective sexual vocabulary, is still distinguished in great measure by a tendency to regression and by a vivid imaginative mimicry. It is therefore not unlikely that the suppressed word material, as a result of the latency period, i.e., the diversion of attention, must remain fixed at this primitive level of development, while the rest of the vocabulary gradually becomes divested in large measure of its hallucinatory and motor character through continued experience and education, and thus becomes economically suit-

² Freud: *Three Contributions to the Theory of Sexuality*. Translated by A. A. Brill. New York, 1910.

able for a higher form of intellectual activity. On the other hand, it is well known from the analysis of the neuroses that suppressed or repressed psychic material, through the associative embargo laid upon it, becomes actually a "foreign body" incapable of organic growth or development, and that the content of this "complex" has no share in the rest of the individual's development and education.

Ferenczi proposed making a distinction between coprolalia and coprophemia: coprolalia is the automatic obsessive expression, while coprophemia is the audible articulation, of obscene words. In this category belong the allegations of women that they are molested on the street by well-dressed men, who in passing them whisper obscene words, though showing no signs of making any further sexual advance, such as accompanying them. This singular perversion, according to Ferenczi, is practiced outwardly by mild exhibitionists and voyeurs, who instead of actually exposing themselves are satisfied with using words which are a modified form of exhibitionism. Summing up his endeavor to explain the characteristically peculiar power of obscene words, Ferenczi concludes that "as the result of inhibited development, obscene words have remained infantile and therefore retain their abnormally motor and regressive character".

In a paper published in 1913, *Levels in the Development of the Sense of Reality*, Ferenczi describes four periods of childhood omnipotence: (1) the period of absolute omnipotence, (2) the period of magic-hallucinatory omnipotence, (3) the period of omnipotence assisted by magic pantomime, and (4) the period of magical thoughts and words. Of the fourth period he says: "Compulsion neurotics seem to regress to this phase in the development of the reality sense, when it is impossible to undermine their belief in the omnipotence of their thoughts and word formulæ, and when, as Freud has demonstrated, they substitute thinking for acting. In superstitions, in magic and in religious cults, the belief in the irresistible power of certain prayers, imprecations or magic formulæ plays a prodigious rôle; one need only think them inwardly, or

merely express them audibly, to make them effective. Obscene words likewise possess their own peculiar 'omnipotence' (motor power)". The further remark might be added that Ferenczi considers tic a distorted expression of obscene words, formulæ, and coprophemic abuse, associated with sadistic acts of aggression. For us as therapists, Ferenczi's statements at the Homburg Congress indicate that a large number of cases of impotence and frigidity cannot be cured until the infantile interdiction of obscene words has been revoked, and perhaps until these words have been expressed during the sexual act. The positive counterpart of this inhibition is the compulsive utterance of obscene words as a prerequisite for orgasm. This might be considered a sort of perversion, were it not so extraordinarily widespread. It is well known that for the unconscious flatus and words are identical in many instances. This equation was established by analysts (Jones, Ferenczi, Van Ophuijsen) over twenty years ago. These theories are further supported by the fact that the material of the majority of insulting words and terms of abuse is of anal origin. One might almost say that human beings are incapable of fully freeing themselves from the anal; that under the stress of training, and later at the behest of the superego, they are obliged to renounce much of their anal pleasure, but through the voicing of insults and abuse they succeed in putting the renounced forces back "into their mouths". This also holds true for literature.

In spite of the obvious connection, no one has as yet made explicit reference to the fact that obscene words are, psychologically, *oral flatus*. Authors speak of their anal character in a merely general way, or else in some other connection they emphasize the flatus significance of words in general. This is quite apposite of the fact that up to now flatus in the *psycho-analytic* literature has been treated like a veritable stepchild; indeed, to find any information on the subject, one must go back to the early days of analysis. In a rather lengthy paper on flatus (*Zur sadistisch-analen Triebregung*),³ the writer

³ To appear in Int. Ztschr. f. Psä.

attempted to demonstrate the clinical significance of flatus on the basis of a clinical report of two cases of severe compulsion neurosis, and to set forth the very complicated overdeterminants of "indecent in the third grade", as Freud satirically calls the human attitude to flatus. In this paper the previous literature bearing upon the problem is also collected. (Jones, Hitschmann, Ferenczi, Nelken, Reitler.) When one glances over the earlier work on obscene words, it becomes apparent that four problems were omitted from consideration—a circumstance that the period from which the papers in question date (1905, 1911, 1913) readily accounts for:

1. The explanation of the conditions under which the ego pardons obscene words is lacking.

2. We fail to find any reference to the method of alleviating the sense of guilt engendered by the utterance of obscene words, or any information regarding the cause of the nonappearance of a feeling of guilt in the cases in which the latter is not evident.

3. In the discussion of the mechanism of obscene words, too much emphasis is placed on the anal, too little on the oral.

4. Obscene words are considered entirely from the point of view of the man uttering them, but no discussion of the passive willingness of both men and women to listen to them is supplied.

It is by no means the case that obscene words represent a privilege and a *conditio sine qua non* of men in their pronouncing the words. For there is a not at all uncommon type of man for whom it is an irremissible erotic requirement that the woman should utter obscene words either before or during intercourse. What is the meaning of this?

Let us proceed to an understanding of the normal from the pathological, from the case of an orally regressed "pseudo-debile" patient. The case is one which the writer has already published,⁴ and its details which relate to the so-called "mamma

⁴ Bergler, Edmund: *Zur Problematik der Pseudodebilität*. Int. Ztschr. f. Ps. XVIII, 1932. See also case 3 in the author's paper *Der Mammakomplex des Mannes*, written jointly with L. Eidelberg. Int. Ztschr. f. Ps. XIX, 1933.

complex" (Bergler and Eidelberg). From this case only the material dealing directly with obscene words will be selected. To this patient the prerequisite of an erection was the "filthy talk" of his sexual partner. He was polymorphous perverse, only occasionally potent, and then solely with prostitutes. His procedure relative to coitus was as follows: He would tell the prostitute that she could do anything she wanted with him, and would slyly indicate his wish for cunnilingus. If the girl wished him to have intercourse he was potent. But he greatly preferred allowing the girl to urinate over him, and to drink the urine, while the girl "uttered filthy expressions". He was *orally fixated* to a grotesque degree. He ate and drank heavily. Between meals he would constantly suck or roll something about in his mouth. He smoked thirty to forty cigarettes a day. In a coffee house he would order raspberry soda any time of the day or night, sucking it through a straw with great delight. He took all sorts of things into his mouth, and in his work (the patient was a baker) he was constantly tasting the ingredients used. "Everything depends on flavor" was his motto. In this group of idiosyncrasies belongs his predilection for kissing with the tongue (sucking saliva always produced an immediate erection) and cunnilingus. He detested prostitutes with dry vaginas. A "moist" vulva was the prerequisite of his sexual enjoyment. For this reason he felt no interest, as far as he knew, in women's breasts. "Nothing comes out of them." However, the original interest in the breast had only been repressed. The patient had been a bottle baby and had never been put on the breast. At the movies his sexual activity consisted in sucking his companion's fingers. One of his female acquaintances in such a situation once asked him laughingly, "Do you believe something comes out?" His delight in drinking the urine of prostitutes belongs in the same category. In this way he regained the woman's breast in her genital, which he presumed to be a penis. Thereby he also denied the woman's lack of a penis and thus protected himself from castration anxiety. He also, unconsciously, regarded his own penis as a breast. (Between

the ages of seven and eleven he drank his own urine through a long straw.) His frequent ejaculatio retardata turned out to be a revenge on woman for an oral frustration.⁵ "Why should I give her anything, does she give me anything?", said the patient in a later stage of the analysis. One may say that his neurotic evaluation of milk related to every equivalent of milk. His remarkable attachment to his mother in regard to money also belongs here. His constant complaint that his mother gave him no money, or if she did it was unwillingly, is to be understood as a lingering at the oral level of interest in money. In all things he played the little child who must be supported, nursed and fed. He lived in a constant state of anxiety lest his mother should let him starve, a castration anxiety at an oral level. He did not consider his wages from his mother as the equivalent of his work. He maintained that he could not work anywhere except for his mother, that it depended solely on her whether or not he starved.⁶ His immoderate loquacity (logorrhea), which developed after a phase of obstinate silence, was also orally determined. It was a magic gesture designed to show how the patient should be treated. In this connection it is possible to indicate the causative factors which resulted in his potency with prostitutes and his impotence with "respectable" girls. The latter required masculine activity of him,⁷ and of this his neurosis had rendered him incapable. In his relationship with prostitutes he could remain the passive one, the child, and could act out his perverted inclinations (cunnilingus, drinking of urine, use of obscene language by the prostitute, and obeying of orders), whereas with respectable girls he dared not express such wishes. Protection from the anxiety of a castration threat was an additional satisfaction attained in this way, in that he could

⁵ See author's paper: *Über einige noch nicht beschriebene Spezialformen der Ejakulationsstörung*. Int. Ztschr. f. Ps. XX, 1934.

⁶ Concerning the symptoms of oral pessimism, see the author's paper *Zur Problematik des oralen Pessimisten. Demonstriert an Ch. D. Grabbe*. Imago XX, 1934; also *Talleyrand-Napoleon-Stendhal*, Int. Ps. Verlag, 1935.

⁷ For the psychology of coitus see paper by L. Jekels and the author, *Übertragung und Liebe*. Imago XX, 1934.

always, during cunnilingus, convince himself that the woman too had a penis (vagina=breast=penis). Furthermore the fact that many men had intercourse with the same prostitute as he, served as proof that coitus was not so stringently forbidden. At the same time he received the additional gratification of degrading the woman (mother) with a revengefulness made all the more effectual by paying the prostitute with his mother's money. But even in the course of the financial transaction, he succeeds in converting the woman into the giver by paying with a large banknote and receiving change. His relationship to the prostitute is, again, a "magic gesture". By giving money he indicates how he would like to be treated. Money is in this instance a proof of love. Finally, he succeeds in attaining the gratification of a masochistic self-abnegation, the formula of which is, "Nobody loves me. I must buy love". Unconscious homosexuality also plays a rôle of a minor nature. For this patient the measure of everything was *receiving something*, which originally meant receiving mother's milk. The obscene words which he "received" from prostitutes were always, in their original meaning, milk. Words are here equivalent to milk. The fact that these words were mostly of an anal nature indicates the alliance of the original interest in milk with anal tendencies. It is a fact that the patient *accepted words as an agreeable oral-anal equivalent*, a fact, moreover, which made possible a psychoanalytic cure in an otherwise unanalyzable patient. The details of the analysis are described in my earlier article.

The object of *having the woman utter obscene words*, in fact of relegating the entire "responsibility" for intercourse to her, and of playing the little child, is not merely the gratification of an erotic desire to be the suckling of a nursing mother at an oral level. It is first and foremost a method of protection from castration, and of *relief from a sense of guilt in accordance with the postulate that "the woman is responsible for everything*, and he merely the 'victim of a seduction' ". The need to "receive something" in coitus was an elaboration of his several sexual theories, which might be expressed schematically

as follows: The woman puts something into the man's mouth. First this something was milk, then urine, then fæces, and finally under pressure of the superego came to mean words. Revenge is taken on the woman (mother), who originally forbade the use of obscene words, by forcing her to say the prohibited words.⁸ Seen from this point of view, the mechanism of wit described by Freud as a *dissolution of inhibitions and a lifting of repressions* plays a particularly important rôle in obscenity, and determines its erotic character.

I will cite another example of an orally determined disturbance in connection with obscene words. In seeming contrast to the case described above, this patient did *not* require that the woman should employ obscene words. On the contrary he actively carried on the obscene conversation. The patient under discussion was a gifted lyric poet who suffered from a severe inhibition of his productivity. During this cessation of his productivity, which lasted for years, he wrote nothing but a long cacophony, a poem in hexameter, detailing the separate phases of defæcation. This extremely meager output was all that his muse matured for him in the course of several years. Analysis revealed that his inhibited productivity was *orally* determined, so that in an extremely primitive manner, as in the case of all oral individuals, he was willing to give forth nothing, but wanted only to receive. The intense longing for his mother stood in opposition to an infernal hatred of her; and this resulted in an oral obstipation. Obscene words and blasphemies were analogous to defæcating on the allurements of his mother. It was also brought out that the giving of words

⁸ A year and a half after completion of the paper I received Rank's *Genetische Psychologie*. In a short observation on obscene words (pp. 100, 101) Rank mentioned the viewpoint of revenge on the mother. Reik's brilliant study which appeared some weeks earlier, *Das Unbewusste in der Zöte* (In *Nachdenkliche Heiterkeit*), brought into prominence the flatus symbolism in obscenity, without entering into the oral mechanisms. Reik indicates that determinants of obscenity are an inhibition of instability, colorlessness and relative lack of object attachment (rebuffing of people) in the sexual life. Otherwise Reik substantially limits his considerations to "Cynical quotations". See later references to the writer's paper on cynicism.

was originally an *oral proof of love*, just as the giving of faces is an anal expression of affection. Secondly, as a result of disappointment with the mother, a *complete cessation* of this giving may ensue. Thirdly, *the giving is reestablished after a negative pattern*, which in the form of obscene words serves as a means of heaping indignity upon her.⁹ In spite of this the old erotic desire worms its way in; these words are a magic gesture designed to show how the patient wishes to be treated, and also voice a reproach against the mother for the kind of care she gave him: "See what you have made of me". In other words, the insult contains a confession of love, and of the wish to be loved, entirely aside from the fact (which Freud has stressed) that the gratification of the *voyeurism and of exhibitionism*¹⁰ is enjoyed through the imagery connected with the obscene word itself.

It is fundamentally a *narcissistic voyeurism*, by which the exhibitionist identifies himself with the observer, so that in a roundabout way he is seen by the object. (See the paper by the writer: *Stendhal, ein Beitrag zur Psychologie des narzisstischen Voyeurs*.) When, as is often the case, the listener hears the obscene words unwillingly, the exhibitionistic-voyeuristic tendencies have been combined with aggression, a situation of which I will give a clinical example later. In general, the significance of aggression in the use of obscene words is not to be underestimated.

This triad seems to be characteristic to a certain type: *Words as an oral manifestation of love for the mother, oral obstipation as revenge on the mother, return of the inhibited love in a negative pattern in the form of obscene words in combination with anal features*. In the oral flatus connotation of obscene words there is also a defense against the mother in the sense that "It is only the breaking of wind".

⁹ Apparently the obscene words also have a *urethral* root; that is, the original oral tendency express itself secondarily also urethrally as a symptom of contempt. See *Problematik des oralen Pessimisten. Demonstriert an Ch. D. Grabbe*.

¹⁰ The paper on flatus (*Zur sadistisch-analen Triebregung*) quotes Dr. Jones' contention that flatus has, in addition, a penis significance. In the expression of obscene words there is, then, penis exhibitionism.

The objection might be raised that we are dealing with orally regressed individuals and with exceptional cases.¹¹ Unbiased observation invalidates this objection. One frequently hears the complaint from frigid women (only, to be sure, when one most particularly inquires about it, since it involves the most severely forbidden material) that a "brutish" partner has insisted that they use obscene words before and during coitus. A very cultivated patient—a severe case of depersonalization¹²—reported that her friend had expected her to use an obscene expression for coitus during the act. "I must not only do it, but say it", remarked the disgusted patient in describing the experience. This sounded as though verbalization was more reprehensible than the act itself. Such an expression was verified by the fact that the patient was totally indifferent to coitus, while her chief interests were of an oral and anal character. (Thus, she regularly vomited after coitus.) The partner, in requiring her to use obscene words during coitus, forced the patient—quite unknowingly—to become aware of, and exemplify in her behavior, her infantile oral-anal sexual ideas, when these were the very ideas from which she was attempting to purchase her freedom through coitus (coitus as an adaptation to reality). It is a little known fact that many frigid women¹³ make of coitus a psychic compromise because it does *not* conform to their infantile oral-anal conceptions: coitus is then a burdensome payment of tribute to sexuality and reality, whereby something relatively unim-

¹¹ What curious combinations the wish to hear obscene words (sometimes even allusions will suffice) spoken by a woman can attain is revealed by the following report made by two female patients who without knowing each other gave the same account. In the large pleasure-grounds of an aristocratic section of Vienna there is a well-dressed gentleman who involves the women who are accompanying their children in the park in seemingly innocent conversations regarding the rearing of children. It is not long before he leads the conversation to the word "rod" and the subject of whippings. The stimulus here appears to be the expression of the sadistic words by the woman.

¹² The case is discussed in detail in a paper by the author and L. Eidelberg, *Der Mechanismus der Depersonalisation*. Int. Ztschr. f. Ps. XXI, 1935.

¹³ See the article by the author and E. Hitschmann, *Die Geschlechtsskälte der Frau*, Verlag "Ars Medici", Vienna, 1934.

portant is relinquished in order to retain the vitally important oral-anal fantasies.

It is well known that we find this predilection for obscene words in all neurotics (I am speaking in this paper of neurotics exclusively), regardless of their fixations or level of regression. It is therefore unimportant whether this predilection appears directly or as overcompensatory defense against these words. I have already described two cases of oral regression. In regression to the anal-sadistic stage, in cases of compulsion neurosis, the indications are that in their blasphemies the brunt of the aggression appears to have been *displaced from the mother on to the father* (God, Fate, Authority, etc.) I shall not go into the problem of compulsive neurotic blasphemies which several authors have in spite of repeated efforts failed to clarify, but shall refer to certain pertinent aspects of the "cynical mechanism", (see later) in connection with which I have made a more complete study of blasphemies in another work now in preparation.

In hysterical as well as essentially normal women, one may frequently observe that they unconsciously expect, or guard against, the uttering of obscene words on the part of the man as part and parcel of the act of being raped. It is as though the obscene words restored to the pregenital oral-anal fantasies their pabulum in concentrated form and as though they were part of the forepleasure activities.

One patient, for example, had a memorandum book in which he had set down obscene jokes. These jokes played an important part in his efforts at seduction. Another patient, a book dealer, showed a prospective mistress "scientific" books containing obscene pictures and titles with double meanings; he was deliberately gambling on the infectiousness of sexual excitement.

Apart from such vulgarities, the use of obscene words plays a rôle, within certain limits, in normal people also. In the last analysis, the criterion whereby the normal is marked off is, once again, a quantitative one. In the presence of libidinal fixations and regressions, however, one may be sure of being able

to demonstrate the presence of a repression or of an equally neurotic absence of repression in regard to obscene words.

The tendency of the man to listen to obscene words from the woman may form a truly grotesque *combination with voyeurism, homosexual leanings, and the sexualization of the repressed destructive drive*. The following case may serve as an illustration.

An anally fixated patient made it his condition of love that his partner should relate to him during coitus how she had cohabited with other men, how each man behaved, what sort of speech he employed, how she felt at such times, etc. All this the partner had to relate in the most realistic possible manner, else the patient was impotent or failed to have ejaculation. He desired also that these descriptions should be in the vernacular, i.e., couched in obscene words. The patient thus identified himself both with the man and the woman. It might be said that he had coitus incognito; when on one occasion he attempted intercourse *in propria persona*, the erection immediately collapsed. When his young companion, an agoraphobic, who had satisfied her need for punishment with the gloomy, ever aggressive and complaining patient in the rôle of executor, had rid herself of her illness and, in an effort to free herself from him, refused any longer to detail these anecdotes, his sexual interest in her vanished. Her successor was a girl of wide sexual experience who yielded to his wish. The motives for this desire were greatly overdetermined. Substantially they were as follows: The patient relived over and over again a scene of his childhood in which his father had intercourse with his mother. (During puberty he still used this scene in his onanistic fantasies.) After a period of hating his father, his castration anxiety prompted him to seek the loophole of assuming in fantasy a *quasi-father* form, thus gratifying in fantasy his œdipus wishes for his mother. This made it possible consciously to retain the fantasy, but produced at the same time the most severe self-reproach in connection with the patient's subsequent masturbation. (A man of thirty, the patient came for analysis because of these fantasies and mastur-

bation.) At the same time that he gratified his unconscious voyeur impulses in the scene "We must reveal ourselves to one another", the confusion, embarrassment, and suffering of his partner as she made these revelations added a sadistic contribution to his pleasure. Similarly, in the conditions requisite for coitus there manifested itself a strong homosexual component which also led to a passive feminine identification. He also identified himself consciously with the woman (mother) during intercourse. Further determinants were the sexual degradation resulting from a "small penis complex", and the compensation for it (Ferenczi). The decisive factor in his coitus requirements lay however in the relief from his feelings of guilt afforded by the thought that *not he, but a strange man, was having intercourse*. In this roundabout way he surreptitiously obtained for himself the "right" to hear obscene words. Absurd as it may seem, *these obscene words* (apart from the pleasure of hearing them) *themselves served to unburden him of his feelings of guilt*. The patient apparently transformed his own act of coitus into an account of another man's act, in accordance with the principle: Not I but another man is doing what is forbidden, and I have no responsibility in the matter, since I neither act nor speak.

This cunning unconscious mechanism supplied the patient with the means of retaining the conditions which he found necessary for coitus, but nevertheless it did not save him from the severe depressions which were the punishment for his oedipus wishes. His "compromise" with his father did not prevent constant conflicts with his superiors—on the contrary it served, indeed, to bring them about; for he opposed these superiors in an extremely provocative manner and unconsciously expected punishment from them, which he naturally received. When the patient's mother became ill he seriously contemplated suicide in order to prevent his sick old father, whose death he likewise feared, from being buried beside his mother; he wished to die first in order to take the place beside his mother away from his father. This fulfillment of the

œdipus wish even in the grave is reminiscent of Aknaton's similar behavior described in Abraham's *Amenhotep IV*.¹⁴

In this connection it has also been demonstrated that the reading of pornographic books simultaneously with the enjoyment of forbidden sexual activities is likewise employed to relieve feelings of guilt. An impotent patient had bought up an entire pornographic library which he perused before each act of masturbation "in order to collect material", as he jokingly expressed it. In masturbating and in his occasional efforts at intercourse he gave his mind to the sensual imaging of the scenes he had read, and thus like the patient previously described, he never had intercourse *in propria persona*. Again the object was relief from his feelings of guilt. Viewed from another standpoint one might say that he consciously made use of plagiarism for the relief of his feelings of guilt.¹⁵

Freud and Ferenczi have pointed out that the obscene word possesses the power of forcing the hearer to picture realistically to himself the content of the word spoken. The imperative nature of the compulsion to picture to one's self—one might speak of a *visual imperative* exercised by obscene words—is what also makes possible the living out of infantile ideas of grandeur in coprophemia (Ferenczi). A coprophemic patient who was in the habit of whispering obscene words of an anal character into the ears of strange women on the street arrived independently (he had never read any analytic literature) at the following thought: "It is wonderful how with one word a man can embarrass a woman. First they blush with shame and then become furious. That they should blush and be discomfited is sufficient for me. It seems to me that I am a magician with unlimited power." This patient suffered from a number of the characteristics of "moral insanity", and evidenced his need for punishment in ingenious masochistically colored provocations. This case at the same time indicates one of the many ways of dealing with the need for punishment

¹⁴ This *QUARTERLY IV*, 1935.

¹⁵ Bergler, Edmund: *Das Plagiat*. Psa. Bewegung IV, 1932.

arising from the use of obscene words and from the œdipus fantasies concealed behind them: it will merely collect in some apparently quite different place. The last mentioned patient had, for instance, constant "bad luck" in his business ventures. This "bad luck" proved to be self-inflicted punishment for his œdipus wishes of which he freed himself in part in his coprophemia. It was not at all surprising that this coprophemia evidenced itself superficially as the result of a repressed childhood experience: As a boy he came home from school and in conversing with a maidservant used a vulgar word for defæcation. The patient's mother, who was exceedingly prudish, blushed, and after an embarrassing silence sternly forbade him to use such words. Quite correctly he unconsciously understood this scene as a sexual aggression.¹⁶ The further fact is significant that the patient in later life sneaked into a gynecological clinic, where he greatly enjoyed the embarrassment of the patient at the moment of their lying down on the examining table (sadistic voyeurism). At the same time a marked exhibitionistic element is present in this wish (as in fact is true of all coprophemics), since the patient identified himself at the same time with the women. The genitalia as such interested him very little, this on account of his castration anxiety. The patient, a very witty man, once complained of how unjust it was in his opinion that poets were not only able to express the same anal ideas as the patient wanted to whisper to women but even acquired fame by so doing. The patient's reference to this problem of usage was not without justification, for in actuality there is a sublimated literary usage of verbal obscenities. Heine in particular exemplifies this in much of his verse. In other words, the feeling of guilt can be relieved *via* the circuitous route of literature.

Another method of unconscious mitigation of the sense of guilt arising from obscene words consists in political attacks

¹⁶ It is hardly necessary to state that the childhood scene does not explain the patient's coprophemia. With the coprophemia is associated the entire œdipus complex of the patient.

directed against those in authority, in which attacks—regarded by the subject as justifiable in themselves—are interspersed obscene words. The aggression which the opponent “forces” the subject to adopt in defense serves simultaneously as an unconscious means of appeasement whereby the superego is ideologically mollified (that is, through a political *Weltanschauung*).

Lessening of the sense of guilt can also be effected by the mechanism of “unmasking” the other person, whereby it is precisely through the behavior provocative of the attack that the responsibility is imposed upon the person attacked. There is a type of person who feels himself degraded if he is not continuously bandying obscene words about. (These are most of them overcompensatory neurotics.) Now the boundaries which delimit obscenity fluctuate greatly at different periods; it is here if anywhere that the phrase “whatever pleases me is allowable” is applicable in all its range of meanings. Thus, for example, one notes that many post-war novels tended to juggle obscene words, thus obviously paying tribute to the wishes of the reader. (The shifting of the responsibility to the reader may, besides, be a relieving from the sense of guilt.) Excited attempts to suppress “dirt and filth” encounter a scornful opposition, and this acts as a summons to battle to the “moralists”, who in the name of a morality which is being threatened set themselves up as ferreters-out of obscenity and under the cloak of this position themselves wallow in it.

Ferenczi (*loc. cit.*, p. 187) has drawn attention to the fact that in cursing there is a return of the words which were at one time the most highly prized objects of infantile pleasure, these characteristically associated very often with the idea of the parents or of the appropriate saints or of God (blasphemy). One is reminded of the most popular expression of abuse in the Slavic regiments of Austria, in which an important part is played by the term for the mother as a prostitute and for coitus with one's mother. Guilt feeling is allayed by the indirect pathway of the affronting and the affronted, while the subject's own unconscious wishes are given expression in this manner.

There are important relationships between obscene words

and *cynicism*. In a fuller expression of cynicism¹⁷ I have tried to show where the guilt feeling of the cynic is hidden. However varied the individual *nuances* of the habitual cynic may be, they manifest most or all of the following characteristics: (1) Pronounced inner ambivalence, (2) strongly marked aggressivity, with a resultant well-marked unconscious need of punishment (severe castration anxiety), (3) resolution of the ambivalence by means of intellectual, verbal or actual aggression, (4) a specific process in the ego: mollification of the superego by means of the "cynical mechanism".

Pronounced ambivalence and strongly marked aggression are thus elements met with in every cynic. But ambivalence plus aggression do not of themselves produce a cynic. An additional factor, a *specific process in the ego*, is necessary, which I should like to term the "cynical mechanism". The cynic lives under constant pressure from his ambivalence, and, fantastic though this may sound, under an equally constant pressure from his punitive superego which penalizes this very ambivalence, so that the unconscious compulsion to confess (the *Geständniszwang* of Reik) becomes the motive power of behavior. *The ego of the cynic relieves itself of this conflict*—it is subjected, indeed, to the cross-fire of an id-striving and a superego prohibition—by means of a repartee couched in the same form as the original thrust of the assailant, whereby ego proves that other people possess the same ambivalence. These "other people" are thus conceived as part of the subject's own superego. At the same time this exposure of the ambivalence of others anticipates a dreaded attack in which, as already stated, the external world is felt as a part of the subject's superego. What we have is a remarkable state of war on two fronts against the subject's superego in its appearance in two guises, namely, that of an internal unconscious conscience and that of the external world. The cynic's attack is apparently directed against this external world moiety of the superego; *in reality the cynic is defending himself against his stringent internal superego which is unconscious and is perceptible to him only*

¹⁷ Bergler, Edmund: *Zur Psychologie des Zynikers*. Psa. Bewegung V, 1933.

in the form of a sense of guilt. The rabid behavior of the cynic does not alone spring from his aggression; it is at the same time the expression of a desperate defensive warfare against his "internal enemy", the intrapsychic superego, in which the battle becomes transferred to "foreign territory". The cynic treats the external world with the same aggressiveness as his own superego treats his ego. At the same time the cynic attacks his own superego in and *via* the external world, somewhat according to the formula: "He strikes others, but is aiming at himself".

There is another method by which the superego is appeased. This consists in the fact that the cynic, precisely because of his cynicism, puts up with unpleasantness and punishment in the environment—indeed, provokes these very things. In the popular conception cynicism has something disreputable about it; the world which it ridicules and unmaskes takes revenge by not receiving the cynic completely. Undoubtedly the habitual cynic suffers in his cynicism a certain self-punishment for his unconscious confession, in connection with which one often cannot escape the impression that this expiation becomes sexualized.

The "tireless seeker after pleasure" (Freud quotes this phrase from an unknown author) has understood, however, how to extract a certain amount of pleasure out of even as painful a process as that of resolving an internal ambivalence and punishment conflict. He has done this in the following ways:

1. By means of the resolution from time to time of his internal ambivalence conflict, the cynic is temporarily free from guilt feeling. In this a masochistic mechanism plays a part (see above).

2. The indignation, bewilderment and rage of those "unmasked" gives the habitual cynic pleasure (living out of aggression in fractional doses).

3. Voyeurism and exhibitionistic tendencies assert themselves and are experienced pleasurably.

4. Cynicism is a means of keeping one's distance, a method of defense.

5. Narcissistic pleasure: as a general rule the cynic is somewhat admired and feared because of his sharp tongue.

6. In so far as cynicisms are expressed in the form of wit, the pleasure derived from wit, described by Freud, is to be included (economy of inhibition and suppression).

7. The cynic gratifies in cynicism a number of infantile strivings: the *enfant terrible* motif, infantile megalomania, anal tendencies, etc.

The "cynical mechanism" which has been described *provides the possibility for living out the intrapsychic ambivalence by means of aggression*. Expressed otherwise, *the cynical mechanism makes a captive of the superego*. Obscene words which are clothed thus "cynically" carry with them, through the "cynical mechanism" involved, a mitigation of guilt feeling.

In the paper to which I have referred, sixty-four special types of cynicism are enumerated, yet this gallery of cynics makes no claim to completeness. In the stricter sense all these forms of cynicism may also have obscene words as their content. For details the reader is referred to the original paper.

If one considers the *profusion of possibilities offered for appeasing the sense of guilt arising in neurotics from the uttering of or desire to hear obscene words*, it must be supposed that an excess of id-impulses corresponds to this abundance of means of propitiating the superego. In the discussion of the question it is not a question of evaluation, of whether these tendencies are desirable or are to be discouraged, whether they are pleasant or painful. It is sufficient to determine the facts and to understand them.

One may conclude with a quotation from Schopenhauer. When asked how it was that a man like Goethe had been so willing to listen to lascivious talk and to use it also, he replied, "There is ever so much room in the soul for contradictions."

Summary

The papers on obscene words so far published date from the early days of psychoanalysis (Freud, 1905; Ferenczi, 1911). This makes it plain that four problems have not been given

consideration: 1. Information is lacking regarding the conditions under which the ego condones obscene words. 2. One fails to find any reference to the mitigating of the sense of guilt to which the employment of such words gives rise. 3. Emphasis was placed too much on the anal, and too little on the oral. 4. Obscene words were treated solely from the standpoint of the man uttering them, while nothing was said with regard to the passive desire to hear obscene words on the part of both men and women.

On the basis of a number of case histories of orally fixated or regressed patients, it is shown that in the oral stage the giving forth of words on the part of the child corresponds originally to a proof of love towards the mother, much as the stool represents a gift in the anal phase. Secondly there may be observed a complete interruption of this giving forth, in consequence of disappointment with the mother—"oral obstipation". All these individuals go through a period of obstinate silence during their childhood, and only as a tertiary development is the giving forth reestablished at a phallic level with negative manifestations, possessing now, however, in the form of obscene words the meaning of abuse and disparagement. Nevertheless, in this *active* uttering of obscene words the old-time pleasure is again smuggled in. These words represent a "magic gesture" intended to show how the patient would like to be treated, together with this reproach addressed to the mother: "See what you have made of me". The abuse contains a confession of love, that is, of the desire to be loved, in which voyeuristic and exhibitionistic impulses are at the same time gratified.

In orally fixated or regressed men who want passively to hear obscene words spoken by women, these words are built into the total pathological attitude which results from the subject's being shipwrecked, so to speak, on the "mammary complex" they belong in the symptom complex of wishing only passively to receive. In this way guilt feeling is allayed, since the woman is made responsible for the sexual transaction and at the same

time vengeance is exacted, since the mother imago who originally forbade these words is now forced to utter them.

The uttering of obscene words—which psychologically correspond to oral flatus—represents a curiously regular combination of tendencies from the first two stages of development, and is an expression of tender as well as hostile attitudes. Thus obscene words represent in their symbolization of flatus a defense against the mother. These words derive a pleasure-giving quality also from the economy of inhibition and suppression described by Freud in connection with wit. If in orally fixated or regressed individuals obscene words are important only in relation to the *mother*, in compulsion neurotics there occurs a secondary displacement upon the homosexually loved and hated father in the form of blasphemies. Normally, however, obscene words play a variable rôle among healthy people too, as an act of forepleasure, so much so that often the uttering of these words on the part of the man is expected by the woman as part of her sexual subjection.

On the clinical side, individual cases, together with the frequently noted combination with masochistic-homosexual and voyeuristic tendencies, are demonstrated, and referred to the living out of infantile megalomania in coprophemia. Finally, the very variable means of disposition of the guilt feeling resulting from the utterance of these words (that is, the fantasies concealed behind them) are reviewed, and as a common example of this, that of the cynic is emphasized. The cynic makes use of the so-called “cynical mechanism” which is itself a means of mitigating the sense of guilt.

MALE AND FEMALE:

Psychoanalytic Reflections on the "Theory of Genitality", and on Secondary and Tertiary Sex Differences

BY SÁNDOR FERENCZI

Against a reproach which is still frequently heard I regard myself as today reasonably proof. Of psychoanalysis it is said (although with undoubted exaggeration of the actual facts) that it would fain account for everything on the basis of sexuality. Since it is my present desire to speak of the sex differences between man and woman, it can hardly be too venturesome to speak also of sexuality in this connection, for no one can very well doubt the fact that the external appearance and the psychic characteristics of masculinity and femininity are remote effects of the functioning of the sex organs. Indeed, in the matter of establishing this fact the biologists have anticipated us. Animal experiments have shown unmistakably that the sex characters can be abolished, or even transformed into their opposites, by means of the implantation or extirpation of the gonads. Even the effects of purely psychological influences upon the sex characters are not wholly new to biology. It will suffice to cite a single example. A sexually quite atrophied male rat which from birth had been kept exclusively in the company of other males was suddenly placed in the vicinity of a cage of female rats. Within a short space the animal underwent a change in the direction of masculinity, internally, externally, and with regard to its behavior—under the influence, obviously, of the sight and smell of the female (Steinach). Certainly it is no exaggeration to speak in this case of a change in sexual character under a psychological influence; it could be demurred to only by one who rejected *in toto* the ascription of mental or quasi-mental attributes to animals.

To be sure, psychoanalysis goes further on occasion than the exponents of present-day biology. I have previously told how Freud succeeded, on the basis of purely psychoanalytic

experience, in throwing light upon the most obscure chapter of biology, the problem of the instincts. His analysis of neuroses made possible the reconstruction of the beginnings of the sexual instinct in man, the demonstration of the existence of an "infantile sexuality" and of the twice occurring vivescence of sexuality, with a latency period interposed—which latter theories subsequently received physiological confirmation. It was anatomically demonstrated that in the human being the gonads are relatively well developed at the end of the foetal period and the beginning of extrauterine life, become then relatively retarded in growth, but increase enormously in size in the prepubertal period. What we call puberty is thus not the first but in reality the second florescence of genitality; of the first, however, not the smallest suspicion existed prior to Freud's discoveries.

This success of Freud's—which did not remain an isolated one—encouraged me thereupon to take a further step and to utilize the observational data of psychoanalysis and the help of the libido theory in the explanation also of the act of copulation itself. The first of the working hypotheses which I made use of in this connection, and with which I should like to acquaint you, was that of the "*amphimixis*" of erotisms, as I termed it. I assumed that what we call genitality is a summation of instinct components, so called, and of excitations of the erotogenous zones. In the child every organ and every organ function subserves gratificatory strivings to an extensive degree. The mouth, the excretory orifices, the surface of the skin, the movements of the eyes, of the musculature, etc., are used by the child as a means of self-gratification, with reference to which no sort of organization is for a long time evident; in other words, these autoerotisms are still anarchical. Later the pleasure strivings become grouped around certain foci; the so-called oral and anal-sadistic organization evidences the beginnings of a development beyond the earlier state of anarchy. My attempt, then, was to investigate more closely the formation and development of the matured end-stage of this unifying process—that is to say, of genitality.

I became convinced that some organic prototype of repression brings it about that the organs of the body are mustered increasingly into the service of self-preservation in such wise that efficiency in this respect is definitely increased. The repressed and at first free-floating libidinal strivings become intermingled with one another (whence the term *amphimixis*=blending or mingling), to become concentrated ultimately in a special pleasure reservoir, the genital, whence they are periodically discharged.

Quite naturally it has been impossible for orthodox zoölogy, largely dominated as it has been to the present day by a teleological conception of the sexual function as of other functions also, and entirely remote as it has likewise been from the point of view of an individual psychology, to be receptive to such an idea as that which was forced upon me in my analytic study of human individuals—the idea that the genital function is primarily a so to speak “unburdening” process, the expulsion of tension-creating products, or, to express the matter in purely psychological terms, the periodic repetition of a pleasure-producing activity which need not necessarily have any regard whatever for the preservation of the species.

The further question then presents itself as to why it is that precisely this kind of activity should recur throughout so large a portion of the animal kingdom in unvarying manner in the form of coitus. To answer this question even hypothetically we must venture somewhat afield.

You will recall, perhaps, that I felt constrained to describe the first sleep of the newborn as a rather faithful replica of the state of repose existing prior to birth. I added that this condition of sleep, as indeed is likewise true of every subsequent sleep, may signify the *hallucinatory* gratification of the wish to be in the unborn state. In the waking life of the child, gratification *via* the oral route (sucking) and later on *via* the anal (pleasure in excretion and in the exercise of power) is destined to serve as a substitute in the world of *reality* for the bliss of the intrauterine state. Genitality itself is apparently a retrogression to the original striving and its gratification, which is

now attained *hallucinatorily*, *symbolically* and *in reality*, all three simultaneously. In reality it is only the germ cells which participate afresh in the bliss of the prenatal state; the genital organ itself adumbrates this striving symbolically in the form of its activity; while the rest of the body shares in the happiness of the intrauterine state only, as in the case of sleep, in the form of hallucination. I therefore regarded orgasm as an emotional condition accompanying this unconscious hallucination, similar to that which the newborn infant may experience in his first sleep or after the first appeasement of his hunger.

Whereas, then, the biological conception of the genital function has heretofore perceived only the striving for the preservation of life after the death of the individual and thus the *progressive* striving for reproduction, I was forced to believe that simultaneously therewith, and perhaps of still greater importance from the purely subjective standpoint of the individual, a *regressive* effort, the endeavor to restore a pristine and more elementary state of repose, is operative.

L'appétit vient en mangeant—appetite comes with eating! After I had proceeded so far with a theory of genitality, I was unable to resist the temptation to elaborate it further. But I know very well that such a piling of hypothesis upon hypothesis is a thing not at all acceptable, or is permissible only with the greatest circumspection. If you are therefore right in regarding as mere vague theory what I have said up to this point, you will have to look upon the superstructure now to be built up on this foundation as a merely fantastic scheme. Accordingly I should by all odds prefer to set forth my phylogenetic theory of genitality in the form of a kind of fairy tale.

Let me ask you to picture the surface of the earth as still entirely enveloped in water. All plant and animal life still pursues its existence in an environment of sea-water. Geologic and atmospheric conditions are such that portions of the ocean bed become raised above the surface of the water. The animals and plants thus set upon dry land must either succumb or else adapt themselves to a land and air existence; above all, they must become habituated to obtaining from the air, instead of

from the water, the gases necessary to their existence—oxygen and carbon dioxide. Let us consider for a moment the most highly developed among water-inhabiting creatures, our most ancient ancestors among the vertebrates, the fishes. It is altogether conceivable—in fact, biologists state it as a certainty—that there were certain fortunate fish that were not deposited upon wholly dry land but may have gone on living in shallow pools of water—a situation which offered the possibility of their adapting themselves to air-breathing—that is, of substituting lungs for the gills which had now become useless.

Now I have already informed you on an earlier occasion of my conception that strong *volition*, and not alone accidental variation or habitual practice, may play a part in the forming of a new or better adapted organ. The necessity for seeking food by moving from place to place led, conceivably, to the development of special organs of locomotion, legs and feet. It is thus that we have, therefore, a fish that hops on the ground and breathes through lungs—in other words, a frog.

Now in point of fact we have living proofs that such a description as I have given is not a mere fairy tale. The development of the frog, as though to prove to us the correctness of the theory of evolution, takes place in two sharply demarcated stages. From the fertilized frog's egg there emerges a tadpole, which like the fishes swims merrily in the water and breathes with gills. Later it develops lungs as well, and can live on land. It becomes an amphibian.

For the speculations which now follow I hold myself alone responsible. The thought that ever and again came to my mind was of the well-known fact that in the overwhelming majority of aquatic animals fertilization takes place in the water and not within the protecting walls of the maternal body. Among these creatures copulation in the true sense does not occur, nor do they possess any external sexual apparatus. The female discharges the eggs into the water; the male pauses in the vicinity and fertilizes the eggs in the water. In most cases no direct contact between male and female occurs. As soon as the fish was stranded upon dry land and became an amphibian,

the male developed special callosities on the thumb for holding fast to the female, and later, after it had been transformed into a reptile, evolved specific male sex organs, thus making provision that the fertilized ova safely reached the uterus of the female, there to develop. Beginning with the Reptilia, all land vertebrates pass through an intrauterine embryonal development. Mammals are differentiated from their fore-runners in that their eggs are particularly delicate and have a large water content, so that they break during birth and the mother nourishes the newborn with her body fluids.

I could elaborate my theory further in relation to biological data, but I will be candid and admit that it was *psychoanalytic* experience which at this point helped me forward a step. Strangely enough, it was Freud's *Interpretation of Dreams* that gave me my next stimulus. In the analysis of those dreams which to all appearances have something to do with birth, and also of the dreams of pregnant women, it is very frequently the case that we cannot explain the dream image or the dream experience of the *rescue of a person from water* otherwise than as the symbolic equating of birth with rescue from water. In the dreams of people, too, who are in great difficulties or who are suffering from an anxiety state, rescue from water may occur as a wish-fulfilling deliverance. If you will recall what we have learned from Freud regarding the connection of anxiety symptoms with the first great anxiety, birth, you will perhaps be disposed to follow me in conceiving of the typical dream of rescue from the danger of drowning as the symbolic representation of the fortunate deliverance from this peril.

It was at this point that the psychoanalytic interpretation of life phenomena was again resumed. The idea occurred to me that just as sexual intercourse might, in an hallucinatory, symbolic and real manner, somehow signify regression, at least in its mode of expression, to the period of and prior to birth, so birth and antecedent existence in the amniotic fluid might themselves be an organic memory symbol of the great geological catastrophe and of the struggle to adapt to it a struggle which our phylogenetic ancestors had to survive in order to become

adapted to a land and air existence. Sexual intercourse thus contains a suggestion of mnemic traces of this catastrophe which overtook both the individual and the species.

I am aware that in putting forward this hypothesis I have done something diametrically opposed to the tenets of orthodox science. For I have taken purely psychological concepts, such as repression, symbol formation and the like, and simply transferred them to organic phenomena. But I think it is not thus far quite certain whether this arbitrary jump from the psychic to the organic is really a mere aberration rather than, in fact, a happy inspiration of the sort one usually calls a discovery. I am rather inclined to believe the latter, and to see in these ideas the beginnings of a new trend of investigation. At all events, I hastened to give a name to this new method of inquiry: I called it Bioanalysis.

In the present instance my bioanalytic approach permitted me to interpret the dream phenomenon of rescue from water, with its attendant feeling of anxiety and deliverance, not only as the inherited unconscious memory trace of the birth process but also as that of the racial catastrophe of the recession of the oceans and the adaptation thereto.

The question now presents itself as to how the two sexes might have reacted to this geological trauma. It is again due to psychoanalysis that I am not left at a loss for an answer to this question. At any rate, to make myself intelligible I must first go somewhat more fully into the development of the love life of the two sexes.

It is undoubtedly true that, whereas in the beginning girls and boys are given to the enjoyment of autoerotism with equal intensity, indulging in it in the form of sucking, of anal-sadistic forms of gratification, and even of masturbation, in girls there begin very early to appear traces of *fear of conflict with boys*. We know that the human being is organically as well as psychically *bisexual*, that the boy inherits the rudiments of mammary glands and the girl a diminutive male member. This member, known in anatomy as the *clitoris*, and at the beginning relatively well developed, fails conspicuously to keep

pace with the subsequent development of the body. Analysis of women shows that the zone of excitation is shifted interiorwards in the female. In the male, however, the *phallus* grows progressively and remains the leading zone of sexuality. Observations on animals show that a battle between the sexes precedes their amatory activities, in fact prefaces each individual sex act—a battle which usually ends in modesty-begotten flight and eventual capitulation to male violence. Even in the human species, wooing contains an element of battle, a phase of struggle, greatly modified though this is, to be sure, among civilized peoples. The initial sexual act is still in the human species a bloody assault which the woman instinctively opposes, only to become reconciled to it ultimately and even to find satisfaction and happiness in it.

As an adherent of Haeckel's recapitulation theory, according to which the developmental history of the individual is an abbreviated repetition of the developmental history of the species, I formulated the following conception of the relations of the sexes in the course of adaptation to a land existence:

There probably awoke in both sexes the striving to furnish within the interior of a food- and moisture-providing organism a shelter for the germ cells, as a substitute for the *loss of the aquatic mode of life*, and at the same time the desire to share with the germ cells this fortunate state, at least symbolically and hallucinatorily. Both, accordingly, developed the male sexual organ, and there came about, perhaps, a tremendous struggle, the outcome of which was to decide upon which sex should fall the pains and duties of motherhood and the passive endurance of genitality. In this struggle the female sex succumbed, yet gained its compensation in understanding how to fashion out of suffering and affliction the happiness of womanhood and motherhood. I will return later to the importance of this achievement and its psychological consequences, and will only remark here that this phenomenon—supposing it to exist—not only helps to explain *the greater physiological and psychological complexity of the female*, but puts woman, at least organically speaking, in the light of a more *finely differentiated being*, that is, one adapted to more complex situations.

The male has imposed his will upon the female, and in so doing has spared himself the task of adaptation; he has remained the more primitive. The female on the other hand knew how to adapt herself not only to the difficulties in the environment but to the brutality of the male.

But humiliation was to overtake the male sex, too, and it was again a geological catastrophe which, at least in my opinion, may have given the external impetus thereto. I have in mind the era of the renewed covering of large portions of the surface of the earth with ice and water, the successive ice ages. Some of the creatures affected by this calamity attempted to adapt to it "autoplastically"—that is, by developing coverings for the maintenance of warmth; others, in particular the animal forerunners of man and perhaps even aboriginal man himself, rescued themselves through a further development of the brain and the creation of a civilization which should insure preservation even under difficult conditions.

And here is the place, at least by way of a suggestion in passing, to make reference to a great discovery at which Freud arrived on the basis of the psychoanalytic point of view, supported by the prior assumptions of Darwin and Robertson Smith. I have already mentioned the importance of the so-called œdipus complex in the development of every individual, its directing influence upon the traits of character of the healthy and upon the symptoms of those who develop neurotic illness. The mischievous revolt of the son against the father, for the purpose of obtaining possession of the mother and of women, ended in a complete fiasco; none of the sons was strong enough, as the father once had been, to impose his will on the whole clan, and a bad conscience forced them to long to return to, and to reestablish, the authority of the father and respect for the mother. In the individual this struggle is repeated with the same outcome; the puberty of earliest childhood is followed by a long latency period which, according to my view, possibly repeats in the life of the individual the adaptive struggle of the ice age or its outcome in the creation of human civilization.

There now arises the question whether observation of the

behavior of human beings and animals furnishes any arguments for the credibility of these seemingly fantastic suppositions. Psychoanalysis speaks of the "prototypicality of sexuality". It maintains that the sex of the individual and the direction which its development takes influence decisively the trends of the total personality. The man who is free in his sexuality is bold and resolute in his other undertakings; it is not for nothing that the legend represents Don Juan not only as a successful payer of court but as a skilful and courageous swordsman who has much spilt blood on his conscience. This aggressivity, however attenuated by the humiliation incident to the œdipus conflict with the father (castration anxiety), characterizes the male psyche in general. Whereas to the woman there is left only beauty as a weapon, she is characterized in addition by kindness and modesty. These and similar traits of character might as *tertiary sex characters* be set alongside the secondary, which refer to organic sex characteristics. Among these latter I might mention in the male, in addition to his aggressive sexual apparatus, his greater physical strength and the relatively greater development of the brain. The history of sexual differentiation in the individual life-cycle I can therefore utilize in a general way in support of this theory of mine of a phase of struggle.

Obviously the old question will here occur to many as to which of the two sexes is superior or inferior. I believe that this question cannot be answered unequivocally by the psychoanalyst. I have already said that I considered the female organism more finely differentiated, and one could therefore consider it more highly developed. Woman is innately wiser and better than man; as offset to this, man has to keep his brutality in check by a more marked development of the intelligence and of the moral superego. Woman is a creature of finer feelings (moral) and of finer sensibility (æsthetic), and has more "common sense"; but man created, perhaps as a measure of protection against his own greater primitiveness, the strict rules of logic, ethics and æsthetics which woman in her awareness of an inner trustworthiness in all such things makes light of or disregards.

I think, however, that the organic adaptation of woman is no less admirable than the psychological of man.

This statement of the matter does not at all exclude the possibility of there being instances in which the intelligence of the woman far exceeds the average analogous accomplishment of the man. Indeed, the tendency on the part of many women to engage in "masculine" activities proves not infrequently to be neurotically conditioned. According to the most recent investigations of Freud the so-called "masculinity complex" is the nuclear complex in the majority of the neuroses of women and the major cause of frigidity. I would add that at the same time it indicates regression to the phase of struggle for sexual differentiation not only in childhood but in connection as well with the catastrophe of the drying up of the sea. Many neurotic women are unable to give up their symptoms as long as they are incapable of reconciling themselves to the fact of not having been born a man (penis envy), just as neurotic men have to bring to a successful issue in the analysis their unsuccessful resolution of the œdipus situation.

I have already spoken of my conception of suggestion and hypnosis. Fright and seduction I regard as the two means of rendering another person tractable. I have called these father-hypnosis and mother-hypnosis respectively. One may describe the state of falling in love as a mutual hypnotization in which each sex brings its own weapons to bear—the man primarily his physical, intellectual and moral strength with which he impresses his inamorata, the woman her beauty and other merits which make her the ruler over even the so-called stronger sex. In the sleep-like state of consciousness of orgasm this battle of the sexes finds a temporary respite, and both the man and the woman enjoy for a brief moment the happiness of an infantility free equally from desire and from struggle.

In old age sex differences become effaced to some extent. Apparently in consequence of the atrophy of gonadal function the voice of woman becomes somewhat harsher and there is occasionally even a tendency toward the growth of a mustache. But man, too, loses much of his masculine appearance and

character; so that one may say that in both sexes their fundamental bisexuality is more transparent in childhood and old age.

It lies in the nature of things that woman, to whom motherhood is so much more significant than fatherhood is to man, should be somewhat less disposed to polygamy. The classification of women favored by many into a maternal type and, on the other hand, one which pays homage predominantly to love, is only a mark—according to the observations of psychoanalysis—of the sharp distinction demanded by civilization between *tenderness* and *sensuality*. This demand, when made with excessive strictness, renders it difficult for the man as well to effect the normal fusion of these two impulses in married love.

With a view to giving further homogeneity to this train of thought, I must refer to certain results in the field of psychoanalytic ethnology. Almost all primitive peoples follow out certain customs which cannot be explained otherwise than as a survival of an emasculation or castration rite practised at some time or other. The last survival of this rite, one prevailing even today, is circumcision. It is more than probable that this punishment, or the threat thereof, was the major weapon of the father against the sons in aboriginal times. The subjection of the son to the punitive power of the father, and the giving up of a part of sexual brutality, is the consequence of the so-called castration complex. If you will recall what I said earlier regarding the significance of the genital as a reservoir of pleasure, it will perhaps not seem to you impossible of belief that the masculinity and castration complex should play such a surpassing rôle in the development of the sex characters, nor that fixation at any stage prior to the resolution of these complexes, or regression to such a stage, should underlie all the neuroses.

In the light of the considerations here briefly resumed, the male member and its function appears as the *organic symbol* of the restoration—albeit only partial—of the foetal-infantile state of union with the mother and at the same time with the geological prototype thereof, existence in the sea.

Translated by HENRY ALDEN BUNKER

INHIBITIONS, SYMPTOMS AND ANXIETY

BY SIGMUND FREUD

VII

Let us return to the infantile zoöphobias, since these cases we understand better than any others. In these, we have seen, the ego must intervene against a libidinal object-cathexis of the id (that of the positive or negative œdipus complex, namely), because of the recognition that to yield to it would entail the danger of castration. This we have already discussed, yet we may still take occasion to clarify a doubt which remains over from this first discussion. Shall we assume in the case of little Hans (and thus in the case of the positive œdipus complex) that it is the tender impulse towards the mother, or the aggressive towards the father, which provokes measures of defense on the part of the ego? Practically speaking, it would seem to be a matter of indifference, particularly since each of the two impulses predicates the other; but a theoretical interest attaches to the question, because only the tender impulse towards the mother can be deemed a purely erotic one. The aggressive impulse is essentially dependent upon the instinct of destruction, and we have always believed that in neurosis it is against the demands of the libido, not against those of other instincts, that the ego defends itself. As a matter of fact, we see that after the formation of the phobia the tender bond with the mother is as though dissolved, it is disposed of in thoroughgoing fashion through repression, while symptom formation has taken place as a substitute for the aggressive impulse. In the case of the "wolf man" the matter is simpler; the repressed impulse is really an erotic one, namely, the feminine attitude to the father, and it is around this impulse that symptom formation has taken place.

It is almost disgraceful that after so much labor we should still find difficulty in conceiving of the most fundamental matters, but it has been our resolve to simplify nothing and to conceal nothing. If we cannot see clearly, at least we see the

obscurities clearly. What stands in our way is evidently due to the fact that our theory of instincts has developed unevenly. In the beginning we had followed the various organizations of the libido from the oral through the anal-sadistic to the genital stage, and in so doing had equated the several components of the sexual instinct with one another. Subsequently sadism appeared to us to be the representative of another instinct, one opposed to Eros. This new concept of the two classes of instincts seems to disrupt the earlier formulation of the occurrence of successive stages in the organization of the libido. A helpful way out of this difficulty we do not have to invent; it has long been ready to hand, and is to the effect that we scarcely ever have to do with instinctual impulses in pure form, but invariably with alloys of the two instincts in which these are present in varying proportions. The sadistic object-cathexis is entitled as well, therefore, to be treated as a libidinal one; the hypothesis of stages of organization of the libido does not need to be revised; the aggressive impulse towards the father is as much entitled to be the object of repression as the tender impulse towards the mother. At all events we will put to one side for later consideration the possibility that repression is a process which has a special relationship to the genital organization of the libido, and that the ego seizes upon other methods of defense when it has to defend itself against the libido at other stages of its organization. A case like that of little Hans does not permit of any decision on this matter; here an aggressive impulse was dealt with through repression, but only after the genital stage has already been reached.

We do not want to lose sight at this point of the place that anxiety occupies. We have said that as soon as the ego has recognized the danger of castration, it gives the signal of anxiety, and through the medium of the pleasure-pain mechanism it inhibits, in a manner still obscure to us, the threatening cathectic process in the id. Simultaneously with this the formation of the phobia is accomplished. The castration anxiety is given another object and a distorted expression—namely, that of being bitten by a horse (or eaten by a wolf) instead of being

castrated by the father. This substitute formation has two patent advantages: first, that it avoids the conflict due to ambivalence, for the father is an object who is at the same time loved; and secondly, that it allows the ego to prevent any further development of anxiety. For the anxiety of the phobia is a facultative anxiety: it makes its appearance only when its object is actually perceived. This is what one might expect; for it is only then that the danger situation is present. Similarly, at the hands of a father who is absent castration need not be feared. Now one cannot do away with one's father; he comes and goes as he pleases. But if he is replaced by some animal, then it is only necessary to avoid the sight of that animal, that is, its presence, to be free from danger and anxiety. Little Hans therefore imposes a restriction upon his ego; he evolves the inhibition against going out in order not to encounter horses. It is even more convenient for the little Russian; it scarcely constitutes a renunciation on his part not to have anything more to do with a certain picture book. The naughty sister need only desist from showing him the picture in that book of the wolf that stood on its hind legs, and he could feel perfectly safe from his anxiety.

On a previous occasion I ascribed to phobias the character of a projection, since they substitute for an internal instinctual danger an external perceptual one. Such a process has the advantage that from an external danger protection may be gained through flight and the avoidance of the perception of it, whereas against a danger from within, flight is of no avail. This statement of mine is not incorrect, but superficial. For the instinctual demand is not in itself a danger, but is so only because it entails a true external danger, that of castration. So that fundamentally we have in the phobias, after all, merely the substituting of one external danger for another. The fact that in phobias the ego is able to escape anxiety through a process of avoidance or by means of an inhibition is in complete accord with the concept that this anxiety is simply an affective signal, and that with regard to the economic situation involved nothing has been altered.

The anxiety in zoöphobia is thus an affective reaction of the ego to danger, the danger which is in this case warned against being that of castration. There is no difference between this anxiety and the reality fear normally manifested by the ego in situations of danger, other than the fact that the content of the former remains unconscious and enters consciousness only in distorted form.

This same concept will prove to hold good, I believe, for the phobias of adults also, even though here the material which the neurosis elaborates is far more complex, and even though a number of other factors which go to the forming of symptoms are superadded. Fundamentally the situation is the same. The sufferer from agoraphobia imposes a restriction upon his ego in order to escape an instinctual danger. The instinctual danger in question is the temptation to yield to his erotic desires; and to yield to them would be to reincarnate once again, as in childhood, the spectre of the danger of castration or of an analogous danger. As an example I may refer to the case of a young man who became agoraphobic because he was afraid of yielding to the allurements of prostitutes and of acquiring syphilis as a punishment.

I am well aware that many cases have a more complicated structure, and that many other repressed instinctual impulses may have their issue in a phobia, but these are merely auxiliary and have as a rule become attached subsequently to the nuclear material of the neurosis. The symptomatology of agoraphobia is complicated by the fact that the ego is not content with renouncing something; in addition to this, it takes steps to deprive the situation of its danger. This additional measure is usually a regression to childhood (in extreme cases, to the uterus, to a period when one was protected against the dangers which threaten today); the regression constitutes the condition under which the renunciation need not be made. Thus the agoraphobic may go on the street provided that, like a small child, he is accompanied by a person in whom he has full confidence. A similar caution may also permit him to go out alone, provided that he does not go more than a certain dis-

tance away from home, that he does not enter localities which he does not know well and where the people do not know him. In the choice of these specifications there becomes manifest the influence of the infantile motives which govern him by means of his neurosis. Of quite unequivocal meaning, even without infantile regression of this sort, is the morbid fear of being alone, which would avoid the temptation to solitary masturbation. Infantile regression is, of course, conditional upon the individual's being chronologically no longer a child.

The phobia is produced, as a rule, subsequent to an initial attack of anxiety which was experienced under certain circumstances—on the street, on a railroad train, or on an occasion of being alone, for example. For the moment the anxiety is stilled, only to reappear on every occasion on which the conditions that assure protection cannot be met. The phobic mechanism works very well as a means of defense and exhibits a considerable measure of stability. A continuation of the defensive struggle, now directed against the symptom, frequently but not necessarily takes place.

What we have learned about anxiety in the phobias is applicable also to compulsion neurosis. It is not difficult to reduce the situation of the compulsion neurosis to that of the phobia. The motive force behind all later symptom formation is here clearly the ego's fear of its superego. The hostility of the superego is the danger situation which the ego must avoid. Here any semblance of projection is lacking; the danger is wholly internalized. But when we ask what it is that the ego fears at the hands of the superego, the conclusion is forced upon us that the punishment meted out by the superego is an extension of the punishment of castration. Just as the superego is the father become impersonalized, so the dread of the castration which he threatened has become converted into indefinite social anxiety or dread of conscience. But this anxiety is insured against; the ego escapes it by carrying out obediently the commands, the preventive measures and the penances imposed upon it. If it is impeded in doing this, there immediately ensues an extremely distressing sense of discomfort in

which we may perceive the equivalent of anxiety and which the patient himself equates with anxiety. What we have arrived at is therefore the following: Anxiety is the reaction to a situation of danger; and it is circumvented by the ego's doing something to avoid the situation or retreat from it. One might say, then, that symptoms are created in order to avoid the development of anxiety, but such a formulation does not go below the surface. It is more accurate to say that symptoms are created in order to avoid the *danger situation* of which anxiety sounds the alarm. In the cases so far considered this danger was castration or a derivative of it.

If anxiety is the reaction of the ego to danger, then it would be the obvious thing to regard the traumatic neuroses, which are so often the sequel to exposure to danger to life, as the direct result of life- or death-anxiety, with the exclusion of any dependence, in its ætiology, upon the ego and castration. This is what was done by the majority of observers in the case of the traumatic neuroses of the last war, and it has been triumphantly claimed that proof is now at hand that jeopardy to the instinct of self-preservation is capable of giving rise to a neurosis without the participation of sexuality at all, and without regard to the complicated hypotheses of psychoanalysis. It is, as a matter of fact, extremely to be regretted that not a single reliable analysis of a case of traumatic neurosis exists. It is to be regretted, not on account of the objection against the ætiological significance of sexuality, for this objection has long since been met through the introduction of the concept of narcissism, which brings the libidinal cathexis of the ego into line with object cathexes and emphasizes the libidinal nature of the instinct of self-preservation—it is to be regretted not on this account, but rather because through the lack of such analyses we have missed the most precious opportunity to obtain information of crucial importance regarding the relationship between anxiety and symptom formation. According to all that we know of the structure of the simpler neuroses of everyday life, it is very improbable that a neurosis should come about only by reason of the objective fact of exposure to danger

without the participation of the deeper unconscious strata of the mental apparatus. In the unconscious, however, there is nothing to give content to our conception of the destruction of life. Castration becomes as it were imaginable through the daily experience of parting with the contents of the bowel and through the loss of the mother's breast which is experienced in weaning; but nothing similar to death has ever been experienced, or if it has been, it has left, like fainting, no demonstrable trace. I therefore maintain that the fear of death is to be regarded as an analogue of the fear of castration, and that the situation to which the ego reacts is the state of being forsaken or deserted by the protecting superego—by the powers of destiny—which puts an end to security against every danger. It is also to be taken into account that in the experiences which result in traumatic neurosis the external protective mechanism against stimuli of excessive strength is broken down and excessive quanta of excitation gain access to the mental apparatus, so that here the second possibility exists that anxiety is not only employed as an affective signal but is also newly created in response to the economic demands of the situation.

With the above formulation—namely, that through regularly repeated losses of objects the ego has been prepared for castration—we have arrived at a new conception of anxiety. If we have thus far considered it as an affective signal of danger, it now appears to us, since it is so frequently a matter of the danger of castration, as the reaction to a loss, to a separation. Though various considerations which immediately occur to one seem also to tell against this conclusion, we must nevertheless be struck by a phenomenon which is in very remarkable agreement with it. The first anxiety experience, of the human being at least, is birth; and this means, objectively, separation from the mother, and could be likened to a castration of the mother (in accordance with the equation: child=penis). Now it would be very satisfactory if anxiety as the symbol of a separation were to be repeated on the occasion of every subsequent separation, but unfortunately the applicability of the agreement I have just spoken of is discounted by the fact that,

subjectively, birth is not at all experienced as a separation from the mother, since the mother, in the rôle of object, is entirely unknown to the completely narcissistic foetus. Another consideration that would apply is that affective reactions to a separation are known to us, and that we experience them as grief and mourning, not as anxiety. We recall, to be sure, that in our discussion of mourning we were also unable to understand why mourning is so painful.

VIII

It is time to take stock. What we are seeking, it is apparent, is an insight which shall reveal the nature of anxiety, an "either-or" which shall distinguish truth from error in regard to it. But this is difficult of attainment; anxiety is not a simple thing to grasp. Thus far we have arrived at nothing but contradictions, from among which no unbiased choice was possible. I now propose to order it otherwise; we will bring together in unprejudiced manner everything that can be said about anxiety, while renouncing at the same time the expectation of achieving an immediate synthesis of the problem.

Anxiety, then, is in the first place something felt. We call it an affective state, although we are equally ignorant of what an affect is. As a feeling it is of most obviously unpleasurable character, but this is not by any means a complete description of its quality; not every state of unpleasure (*Unlust*) may we call anxiety. There are other feelings of unpleasurable character (mental tension, sorrow, grief), and anxiety must have other characteristics besides this quality of unpleasure. Shall we ever succeed, one cannot help asking, in understanding the differences between these various affects of unpleasure?

Of the feeling of anxiety we can after all learn something. Its character of unpleasure seems to possess a particular note of its own—a thing difficult to demonstrate but none the less probable, nor would it be at all surprising if it were so. But in addition to this special characteristic so difficult to define, we perceive more definite physical sensations, which we refer to

specific organs, as accompanying anxiety. Since the physiology of anxiety does not interest us here, it will suffice to draw attention to specific examples of these sensations, such as those referable to the respiratory organs and the heart, which are the most common and the most definite of them. They are evidence that motor innervations, that is, efferent processes, take part in the total phenomenon of anxiety. The analysis of the anxiety state gives us, then, as its attributes: (1) a specific unpleasurable quality, (2) efferent or discharge phenomena, and (3) the perception of these.

The second and third of the foregoing supply in themselves a distinction from similar affective states, such as for example grief and sorrow, for of these latter, motor manifestations do not form an integral part; when such are present, they are definitely distinguishable as not constituting essential constituents of the total phenomenon but consequences of or reactions to the emotional state in question. Anxiety, therefore, is a specific state of unpleasure accompanied by motor discharge along definite pathways. In accordance with our general outlook, we shall believe that an increase of excitation underlies anxiety, an increase which on the one hand is responsible for its unpleasurable character and on the other is relieved through the discharge referred to. This purely physiological summary will scarcely satisfy us, however; we are tempted to presume that there is an historical element present which binds the afferent and the efferent components of anxiety firmly together; in other words, that the anxiety state is the reproduction of an experience which contains within itself the requisite conditions for the increase in stimulation just mentioned, and for its discharge via given pathways; and it is in virtue of this, therefore, that the unpleasure element in anxiety acquires its specific character. As the prototypic experience of such a sort, we think, in the case of the human being, of birth, and on this account we are inclined to see in the anxiety state a reproduction of the trauma of birth.

In doing so we have claimed nothing which would assign to anxiety an exceptional position among affective states. For

we hold that other affects as well are reproductions of past experiences of a character vital to the organism, experiences possibly even antedating the individual; and we draw a comparison between these, as universal, specific, congenital hysterical attacks, and the seizures of the hysterical neurosis, later and individually acquired, the genesis and significance of which as memory symbols have been made clearly manifest by analysis. It would of course be most desirable to be able to demonstrate the validity of this conception for a number of other affects, but at the present time we are far from being in a position to do this.

The tracing back of anxiety to the birth experience needs justification in the face of certain obvious objections. Anxiety is a reaction characteristic of probably all organisms, certainly of all the higher ones, but birth is experienced only by mammals, and it is open to question whether for all of these birth has a traumatic significance. There is, therefore, such a thing as anxiety without a prototype in birth. But this objection takes us from psychology into biology. Precisely because anxiety, as a reaction to situations of danger, has a biologically indispensable function to fulfil, it may have been contrived in different organisms in different ways. We do not know, moreover, whether in creatures at a further remove from man anxiety has the same content, afferently and efferently, as in the human being. All this does not prevent it from being the case, therefore, that anxiety, in the human being, takes the birth process as its prototype.

If this is the structure and origin of anxiety, the question then arises: What is its function? On what occasions is it reproduced? The answer seems obvious and inescapable. Anxiety arose as a response to a situation of *danger*; it will be regularly reproduced thenceforward whenever such a situation recurs.

But there is more than this to be said. The motor impulses accompanying the original anxiety state had probably as much meaning and utility as the muscular movements of the initial hysterical attack. If one would explain the hysterical seizure,

one needs only, indeed, to look for the situation in which the movements in question were part of the behavior appropriate to that situation. Thus, during birth, it is probable that the directing of nerve impulses to the organs of respiration has made preparation in advance for the functioning of the lungs, the acceleration of the heart beat tended to counteract the accumulation of toxic substances in the blood. This teleology of function is of course absent from the subsequent reproduction of the anxiety state as affect, just as it is also lacking in the recurrent hysterical seizure. If therefore the individual encounters a danger situation new to him, his responding with the anxiety that constitutes the reaction to an earlier danger, instead of with the reaction appropriate to the present one, may easily become inexpedient. The suitability of the reaction reappears, however, if the danger is perceived as imminent and forewarning of it given through the outbreak of anxiety. The anxiety can then be immediately replaced by more appropriate measures for dealing with the danger. Two possibilities with regard to the appearance of anxiety, therefore, may at once be distinguished: the one, inappropriate and inexpedient, in response to a new situation of danger; the other, a useful one, as a means of giving warning of and averting such a situation.

But what is a "danger"? In the act of birth there is an objective danger to the preservation of life; we know what that means in the reality sense. But psychologically it has no meaning at all. The danger attending birth has still no psychic content. For certainly we cannot imagine as existing in the foetus anything which in the least approaches any sort of knowledge of the possibility of death as an outcome. The foetus can be aware of nothing beyond a gross disturbance in the economy of its narcissistic libido. Large amounts of excitation press upon it, giving rise to novel sensations of unpleasure; numerous organs enforce increased cathexes in their behalf, as it were a prelude to the object cathexis soon to be initiated; what is there in all this that can be regarded as bearing the stamp of a "danger situation"?

Unfortunately, we know far too little of the mental make-up

of the newborn to be able to answer such a question directly. I cannot even vouch for the usefulness of the description I have just given. It is easy to say that the newborn infant will repeat the affect of anxiety in every situation which reminds it of the birth situation. The real question, however, is by what and of what it is reminded.

There is left us hardly any other course to pursue than to study the occasions on which the infant or the slightly older child gives evidence of a readiness to develop anxiety. In his book, *The Trauma of Birth*, Rank has made a very vigorous attempt to demonstrate a relationship between the earliest phobias of the child and the impression which the birth experience has made upon it, but I cannot consider the attempt a very happy one. Two criticisms can be brought against it, of which the first is that it makes the assumption that in the process of birth the child has been the recipient of sense impressions, particularly visual ones, the renewal of which may evoke the memory of the birth trauma and therewith a reaction of anxiety. This assumption is entirely unproved and very improbable; it is not credible that the child has preserved any other than tactile and general sensations from the act of birth. If, then, the child later shows a fear of small animals which disappear into holes or come out of them, Rank explains this reaction as its perception of an analogy which, however, would not strike the child. Secondly, in appraising these later anxiety situations Rank holds responsible the memory either of the happy existence within the uterus or of its traumatic disturbance, entirely according to the necessities of the case, thus throwing the door wide open to arbitrariness of interpretation. Individual instances of this childhood anxiety flatly contradict the Rankian principle. If the child is brought into darkness and solitude, we should expect that it would welcome this restoration of the intrauterine situation; and if the fact that in precisely these circumstances the child reacts with anxiety is ascribed to the memory of the interruption of that happy state through birth, one may be pardoned for failing to appreciate the appositeness of such reasoning.

I am forced to the conclusion that the earliest phobias of

childhood do not permit of being directly traced to the impression made upon the child by the act of birth, and that they have thus far, in fact, defied all explanation. A certain predisposition to anxiety on the part of the infant is indubitable. It is not at its maximum immediately after birth, to diminish gradually thereafter, but first makes its appearance later on with the progress of psychic development, and persists over a certain period of childhood. When early phobias of this sort continue beyond such a period, they give rise to the suspicion of a neurotic disturbance, although their relationship to the definite neuroses of later childhood is in no wise clear.

Only a few instances of the expression of anxiety in infancy are intelligible to us; we shall have to keep to these. Thus, the three situations of being left alone, being in the dark, and finding a strange person in place of the one in whom the child has confidence (the mother), are all reducible to a single situation, that of feeling the loss of the loved (longed for) person. From this point forward the way is clear to an understanding of anxiety and to the reconciling of the contradictions which seem to be connected with it.

The memory picture of the person longed for is certainly cathected in very intense degree, probably at first in hallucinatory fashion. But this is without result, and now it appears as if this longing were transformed into anxiety. It decidedly seems as if this anxiety were an expression of helplessness, as if the still very undeveloped creature did not know what else to do with his longing. Anxiety thus seems to be a reaction to the perception of the absence of the object, and there at once spring to mind the analogies that castration anxiety has also separation from a highly valued object as its content and that the most basic anxiety of all, the "primal anxiety" of birth, arises in connection with separation from the mother.

The next consideration takes us beyond this emphasis upon loss of the object. If the infant longs for the sight of the mother, it does so, surely, only because it already knows from experience that she gratifies all its needs without delay. The situation which the infant appraises as "danger", and against which it desires reassurance, is therefore one of not being grati-

fied, of an *increase of tension arising from non-gratification of its needs*—a situation against which it is powerless. I believe that from this standpoint everything falls into place; the situation of privation, in which stimuli reach an unpleasurable magnitude and intensity without an ability to cope with them psychically and thus provide for their discharge, must represent to the infant a situation analogous to the birth experience, a repetition of the danger situation; what the two situations have in common is the economic disturbance brought about by an increase in stimuli demanding some disposition made of them, this common factor hence being the very essence of the “danger”. In both cases the reaction of anxiety appears, a reaction which still in the infant proves to the purpose since the discharge of the anxiety via the respiratory and vocal musculature now calls the mother to the infant’s side, just as earlier it aroused respiratory activity to get rid of internal stimuli. More than this sign of danger the child does not need to have preserved from birth.

Along with the experiencing of the fact that an external and perceptible object may put an end to the danger situation reminiscent of birth, there takes place a displacement of the content of the danger from the economic situation to that which occasions it, namely, object loss. The perception of the absence of the mother now becomes the danger at the appearance of which the infant gives the signal of anxiety, even before the economic situation which is feared has arisen. This change represents a first great step in advance in the economy of self-preservation, and includes at the same time the transition from the automatically unpurposed creation *de novo* of anxiety to its purposeful reproduction as a signal of danger.

In both respects, alike as an automatic phenomenon and as a safety signal, anxiety proves to be a product of the psychic helplessness of the infant which is the obvious counterpart of its biological helplessness. The striking coincidence that both birth anxiety and the anxiety of the infant alike claim separation from the mother as their prerequisite needs no psychological interpretation; it is simply enough explicable biologically by the fact that the mother, who in the beginning had

satisfied all the needs of the foetus through her body mechanisms, continues after birth as well to exercise in some measure this same function, although by other means. Intrauterine life and early infancy form a continuum to a far greater extent than the striking cæsura of the act of birth would lead us to believe. The psychic mother object replaces for the child the biological foetal situation. Hence we should not forget that during intrauterine life the mother was not an object, and that there were no objects at all at that period.

It is easy to see that in this continuum there is no room for an abreacting of the birth trauma, and that any other function of anxiety than that of a signal for avoiding a situation of danger is not discoverable. Object loss as the precondition of anxiety now has some further implications. For the next transformation of anxiety, the castration anxiety which makes its appearance in the phallic phase, is a separation anxiety also, and is similarly conditioned. The danger here is separation from the genital. A seemingly entirely legitimate line of thought of Ferenczi's enables us to recognize clearly here the point of connection with the earlier content of the danger situation. The high narcissistic value attaching to the penis may be referable to the fact that the possession of this organ contains a guarantee of reunion with the mother (or mother substitute) in the act of coitus. Deprivation of this member is tantamount to a second separation from the mother, and thus has again the significance (as in the case of birth) of being delivered over helpless to the unpleasurable tension arising from the non-gratification of a need. This need, of which the increase is feared, is now, however, a specialized one, a need of the genital libido, and no longer an undifferentiated one, as in infancy. I would add here that the fantasy of returning to the uterus is the substitute for coitus which we find in impotent men (those inhibited by the threat of castration). In the spirit of Ferenczi's formulation one may say that the individual who wished to have his genital organ act as a proxy in his return to the uterus in fact regressively substitutes for this organ his whole body.

The various steps in the development of the child, its

increased independence, the sharper differentiation of its mental apparatus into various agencies, the appearance of its new needs—all these cannot remain without their effect upon the content of the danger situation. We have followed the change in the content of the latter from loss of the maternal object to castration, and we now see the next step therein as caused by the power of the superego. With the impersonalization of the parental authority at whose hands castration was feared, the danger becomes more indefinite. Fear of castration develops into dread of conscience, into social anxiety. It is now no longer easy to state what it is that there is fear of. The formula, "separation, exclusion from the horde", applies only to that more lately developed portion of the superego which was patterned after social models, not to the nucleus thereof which corresponds to the introjected parental authority. Expressed in more general terms, it is the anger, the punishment, of the superego, the loss of its love, which the ego apprehends as a danger and to which it responds with the signal of anxiety. The final transformation undergone by this fear of the superego has appeared to me to consist of death- (life-) anxiety, fear felt for the projection of the superego upon the powers of destiny.

Formerly I attached a certain value to the proposition that the cathexis withdrawn in repression finds employment as a discharge in the form of anxiety. This seems to me today of very little interest. The difference consists in the fact that formerly I believed anxiety to originate in every instance automatically through an economic process, whereas the present conception of anxiety as a signal intended by the ego for the purpose of influencing the pleasure-pain mechanism renders us independent of this economic restriction. It does not contradict this supposition, of course, that for the arousing of affect the ego employs precisely the energy set free by the withdrawal of cathexis in repression, but it has become unimportant to distinguish with which moiety of energy this is accomplished.

Another assertion I once made now demands reëxamination in the light of our new conception. I refer to the statement that the ego is the real seat of anxiety; I think that this state-

ment will prove to be correct. That is to say, we have no reason to ascribe any expression of anxiety to the superego. But when it is a matter of an "anxiety of the id", one does not have so much to contradict this as to emend an infelicitous expression. Anxiety is an affective state which can of course be experienced only by the ego. The id cannot be afraid, as the ego can; it is not an organization, and cannot estimate situations of danger. On the contrary, it is of extremely frequent occurrence that processes are initiated or executed in the id which give the ego occasion to develop anxiety; as a matter of fact, the repressions which are probably the earliest are motivated, like the majority of all later ones, by such fear on the part of the ego of this or that process in the id. We have good grounds here for once again distinguishing the two cases: that in which something happens in the id which activates one of the danger situations to which the ego is sensitive, causing the latter to give the anxiety signal for inhibition; and that in which there develops in the id a situation analogous to the birth trauma, which automatically brings about a reaction of anxiety. The two cases are brought into closer approximation to each other if it is emphasized that the second corresponds to the initial and original situation of danger, whereas the first corresponds to one of the anxiety-occasioning situations subsequently derived from it. Or, to relate the matter to actually existing disorders: the second case is that which is operative in the aetiology of the "actual" neuroses, the first is characteristic of the psychoneuroses.

We now see that we need not dismiss earlier formulations as without value but have merely to bring them into line with our newer understanding. It is undeniable that in abstinence, in perverted interference with the normal discharge of sexual excitation or in the diverting of the latter from its psychic elaboration, anxiety arises directly out of libido; that is to say, there is brought about that state of helplessness of the ego in the face of excessive tension arising from ungratified need which results, as in birth, in the development of anxiety, so that there is again a possibility, which although obvious is of no great consequence, that it is precisely the excess of unuti-

lized libido that finds its discharge in the form of anxiety. We know that psychoneuroses develop with particular readiness on the basis of these "actual" neuroses; and this may mean that the ego makes attempts to minimize and to fix by means of symptoms the anxiety which it has learned to hold temporarily in suspension. Probably analysis of the traumatic war neuroses (although this term includes a wide variety of disorders, certainly) would have shown that a certain proportion of them share the characteristics of "actual" neuroses.

When we represented the various danger situations as developing out of the original prototype of birth, we were far from maintaining that every later anxiety-occasioning situation simply renders inoperative those which were earlier effective in giving rise to anxiety. The progressive development of the ego contributes, it is true, to depriving of value and relegating to unimportance the earlier danger situation, so that it may be said that to a given period of development is assigned the anxiety-occasioning situation which is, so to speak, appropriate to it. Psychic helplessness is the danger which is consonant with the period of immaturity of the ego, as object loss is the danger appertaining to the state of dependence of early childhood, the danger of castration to the phallic phase, and dread of the superego to the latency period. And yet all these danger situations and anxiety determinants may persist alongside one another and cause the ego to react with anxiety at a later period also than the appropriate one; or several of them may become operative simultaneously. Possibly there also exists a close relationship between the danger situation which is effective in the given case and the form of the neurosis which develops in consequence.¹

¹ Since the differentiation between the ego and the id was made, our interest in the problems of repression has necessarily undergone a revival. Until then we were satisfied to dwell upon those of its elements which are referable to the ego—namely, the keeping of the repressed material out of consciousness and its withholding from motor discharge, and the creating of substitute- (symptom-) formations; of the repressed instinctual impulse itself we assumed that it persisted unchanged for an indefinite period in the unconscious. Now our interest shifts to the fate of the repressed, and we begin to feel that this persistence,

When in an earlier chapter of this inquiry we encountered the significance of the danger of castration in more than one neurotic disorder, we warned ourselves against overestimating this factor, since it assuredly could not be the crucial one in the female sex, the sex certainly more predisposed to neurosis. We see now that we are in no danger of taking castration anxiety to be the sole motive force behind the defense processes resulting in neurosis. I have explained elsewhere how the development of the little girl is guided to tender object cathexis through the castration complex. It is precisely in the female that object loss seems to remain the most effective situation of danger. As to that which gives rise to her anxiety, we may introduce the slight modification that it is no longer a matter of feeling the absence, or of the loss in reality, of the object, but rather of the loss of the object's love. Since it is certainly true that hysteria has a greater affinity with femininity, just as compulsion neurosis has with masculinity, the idea suggests itself that as a determinant of anxiety, loss of love plays a rôle in hysteria similar to that of the threat of castration in the phobias and of dread of the superego in compulsion neurosis.

Translated by HENRY ALDEN BUNKER

unchanged and unchanging, is not a matter of course, is perhaps not even the rule. The original impulse has in any case been inhibited and deflected from its aim. But has its root persisted in the unconscious, having proved resistant to the modifying and depreciatory influence of life? Do there therefore still exist the old desires, of the earlier existence of which analysis informs us? The answer appears obvious and certain: The old repressed desires must still persist in the unconscious, since we find their lineal descendants, the symptoms, still active. But this answer is inadequate; it does not make it possible to distinguish between the two possibilities that, on the one hand, the old desire now operates only through its descendants, to which it has transferred all its cathectic energy, or, on the other hand, that the desire itself persists in addition. If it was its destiny to be expended in the cathexis of its descendants, there remains the third possibility that in the course of the neurosis the wish was reactivated through regression, so out of accord with the present may it be. One need not regard these considerations as otiose; there is much in the phenomena of both the morbid and the normal life of the psyche which seems to demand the raising of such questions. In my study of the breakdown of the œdipus complex I became mindful of the distinction between the mere repression and the true disappearance of an old desire or impulse.

BOOK REVIEWS

AUTOBIOGRAPHY. By Sigmund Freud. Translated by James Strachey. New York: W. W. Norton & Co., 1935. 153 pp.

Whatever a creative man shows of the essence of his personality, is usually not to be found in his autobiography, even if he has written one, but elsewhere. He, who wants to know what has taken place in the inner spheres of Goethe's being and development, will find little help in either *Dichtung und Wahrheit* or in the *Tag- und Jahreshefte*. Much more, although not revealed by words, but modelled, you will find in the Fragments of a Great Confession, as the poet himself called his works. It is similar everywhere: nowhere are we further away from the real Anatole France than in *La Vie en Fleur*, and no autobiography of Proust could ever come up to what he has told us about himself in *A la recherche du temps perdu*.

What is true of the artist, who includes his inner life in his work, as in former times a living being was immured in the foundations of a building, that does not apply to the scholar, who—wherever may have been his starting point—seeks to capture with his work a part of reality and its laws, stripped of every relationship to his own person. One exception must be allowed in this rule: the man who discovered and explored the unconscious inner life had, necessarily, at first to understand his own unconscious and to give scientific account of the results, before being able to pilot others upon this unknown sea. For that reason some of Freud's works, especially the Interpretation of Dreams reveal the true substance of his personality, and not his Autobiography. In these he certainly had to perform a task different from the artist's, because he faced his problems in making them conscious, not in giving them form. Thus he had to make use of a language of his own invention, of puzzles and allusions, wherever he thought it better to cover up again for strange eyes what had been revealed; for a reader who attempts to bring to light what is hidden of his person and to join together what has been torn apart intentionally, the book can easily become a maze.

Who opens this book in the expectation of something sensational will meet with great disappointment. The "pansexuality" which Freud is supposed to have advocated has not been admitted

into what he finds worth reporting about himself; there are no personal revelations just as there are no piquant details about his friends or opponents. He speaks in short clear words of his parentage, descent, family, education and scientific career but only with regard to the fact that these are forming the basis for his life-work. As soon as the work itself, psychoanalysis, appears on the scene, the author himself disappears in the dark. From the moment when it is no longer the main point to explain the presuppositions and beginnings of psychoanalysis all light is focussed upon the scientific work, the problems and the attempts at their solution, the objections and misconceptions, the definition and ensuring of its final results. This cannot be otherwise, as Freud's life was merged in his work, but it expresses an essential part of his personality: the absence of all vanity, the dislike to step forward personally and to be celebrated, the constant intention to give everything to his work and to ask for nothing in return, in one word: greatness.

What his biography expresses only in a negative way, by leaving out all meanness, I have personally experienced in the course of many years: full of interest for every thing, big or small, that had any connection with his science, always ready to impose fresh burdens upon his seemingly inexhaustible working power, but indifferent to recognition that was not based on real understanding and almost insensible to attempts to degrade him personally. I cannot remember having heard a word, when in personal contact with him, that was affected or demonstrative, nor would he be unduly modest. The special liking for witty and pointed remarks, peculiar to so many Jews, is of course not absent in the author of the most elucidating analysis of wit, but much more often did it happen that I took something he said for a triviality, because it seemed so simple and unassuming, and then found out how much knowledge and originality was embodied in such apparently simple sentence.

Altogether, one must not imagine that this "being merged in his work" means nothing but a grey and monotonous existence. That his work extended to the most manifold human relations, starting from psychopathology on to the history of culture and ethics, including prehistoric and present-day forms of society, art and poetic fiction, was only possible because Freud was always ready to disregard the professional limitation of medical psychiatry. He found these problems on his way because he preserved the

original wealth of his mind undiminished and never let his clear view be narrowed by prejudice.

In school he was already greatly attracted by history; he had a preference for antiquity and especially for ancient Egypt; a great liking for collecting was later added to these studies, giving fresh impetus to them, for the newly acquired objects were not only to be piled up but to be understood and historically classified. In these acquisitions Freud found and still finds ever-new pleasure, as it is given to him as an "*Augenmensch*,"¹ "born to see and made to behold", always to find something new and never-seen in things he had known for long. I have often seen how in the middle of an eager conversation he took into his hands one of the little statuettes, that had been standing on the desk for years, and looked at a detail with fixed attention.

This little characteristic is also prevalent where he is concerned with the most important issue, his own attitude towards the problems of psychoanalysis. When he had found a new solution, made an important discovery, he was not by any means satisfied with it. He left it to rest, took it up again and surveyed it from all sides, took pains to examine every real or seeming contradiction, every weakness, as to its value and meaning. We, being close friends with whom he discussed these things, sometimes became secretly impatient when he dropped a theory that seemed perfect to us, took up something else and let it mature. (The Interpretation of Dreams was written five years before publication.) It is small wonder that after this strict and pitiless self-criticism he did not care much about criticism by others, especially if this was not based upon independent experience. He avoided public discussions, in which it was known to be unavoidable that an argument that had already been refuted would be brought forward again. For inobjectivity, with which in the first years of analysis the representatives of a higher morality were extraordinarily generous, he had only silence.

Freud's work, and this may be said even today, is the beginning of a new epoch—not for one or more schools of thought but for man's knowledge of man and for all that springs up out of such new knowledge. Like all great innovators he has not taken the new knowledge out of the air but has gained it from the old through his genius. In science he is looked upon as a herald of the

¹ A man who "lives through the eye".

future, to those closely connected with him he is the embodiment of much that is good and valuable that is beginning to belong to the past. His family life is still inspired with that old Jewish tradition following which the children look up to their parents reverently and the parents are always ready to make any sacrifice for their children. His urbanity, although avoiding time-wasting conventionality, never forgetting where a present, a visit, a kind word may bring happiness to a friend, is derived from the school of Old-Austria. His constant preparedness to fight against force and suppression, especially where knowledge and conscience are involved, not in the least impaired by his poor opinion of the human total value, is a legacy of the liberal era in which he grew up.

The fact that several of his disciples were estranged from him has been explained as the consequence of a defect in Freud's character, his unwillingness to yield and inability to bear contradiction. Nothing could be more mistaken. In all these cases it was the others who changed and gave expression to it—sometimes very noisily—while he remained always the same. If he saw that the ways had parted clearly he insisted upon a clean separation. All this concerns only a small minority, the great majority of his disciples have followed him faithfully and have never experienced anything else but friendship and help from him. He was not content to be their teacher, but gave them stimulation and ideas out the wealth of his mind. He has never sent anyone away with empty hands or treated him patronizingly if he had come to him to further his knowledge; the veneration which he did not demand was voluntarily given to him by all those who had not lost the feeling of the right measure, for the stamp of the genuine is as unmistakable in the man Freud as it is in his work.

HANNS SACHS (BOSTON)

PRACTICAL ASPECTS OF PSYCHOANALYSIS. A Handbook for Prospective Patients and Their Advisors. By Lawrence S. Kubie. New York: W. W. Norton & Co., 1936. 223 pp.

A book which has been very much needed indeed—not just one more addition to the long list of good popular presentations of psychoanalysis. It is a quite novel attempt, entirely practical in aim, to eliminate misconceptions about the nature of psychoanalytic treatment that are still current among both the laity and physicians. The book attempts to fulfil this purpose only; and accordingly

it does not present the whole content of psychoanalytic theory and therapy, but discusses in a clear and condensed fashion only those fundamental concepts which relate to its practical aim. The aim consistently followed throughout the book is to answer questions which a great majority of people have in their minds when they consider the possibility either of being psychoanalyzed themselves or of their relatives and acquaintances being psychoanalyzed.

At the outset Dr. Kubie emphasizes that psychoanalysis, in contrast to other medical procedures, has novel features which are in the main responsible for the undesirable atmosphere of mystery with which people frequently connect it. To the layman, certain technical and formal peculiarities of the psychoanalytic procedure make psychoanalysis appear to resemble some mystical, ritualistic cult. This is due to the fact that their meaning and significance are not understood. If one did not understand the principles of asepsis, even a surgical operation, with the peculiar attire of the surgeon and the adherence to certain strict and rigid rules, might similarly impress the layman as a peculiar tribal ceremony performed for some mystical purpose. The formalities of the psychoanalytic procedure, such as the daily interviews, the analyst's avoidance of giving direct advice to patients who seemingly have such great need for advice, the avoidance of social contact with the patient, a certain amount of secrecy about the content of the analytic interviews on the parts both of the patient and the analyst, the long duration of the treatment—all of these, until their significance is understood, would seem to the lay mind to be parts of a strange ritual. As soon, however, as the fundamental principles of the psychoanalytic procedure are understood these details are seen to be logical necessities. Dr. Kubie demonstrates that it is possible to explain to the layman these fundamental principles without burdening him with a complete or systematic presentation of the whole edifice of psychoanalysis.

At the beginning he draws a sharp line between true freudian psychoanalysis and other psychotherapeutic attempts that often are confused with it. Then follows a brief and clear explanation of the long duration of psychoanalytic therapy, wherein the author tellingly points out the opportunism concealed in holding out the promise of rapid therapeutic help to patients who would be frightened away by the prospect of a prolonged treatment.

In the third chapter there is a brisk and well-aimed attack

against the "wandering analyst" who conducts short analyses in one place after another, and leaves behind him half-analyzed victims.

In two brief chapters, the method of free association and the meaning and significance of transference are well described, although the explanation of their relation to each other might not entirely satisfy the psychoanalytic reader. In the same section the rôle of dream analysis seems somewhat understated, probably due to the very practical orientation of the book and the fact that its primary aim is to combat misconceptions about the analytical procedure. In the next chapter, a short and concise discussion of the terms, introvert and extrovert, will certainly contribute much to dissipate the extremely widespread and fatal error of identifying neurosis with introspection and normality with extroverted character trends.

It is hard to give full credit to the rich content of this book, which discusses in a lucid and, at the same time, very practical manner such important problems as the contrast between psychoanalysis and faith healing, the various types of patients who come to analysis, the different occasions upon which they usually come, the question at which moment during the development of neurotic difficulties an analysis should be attempted, and a wide range of other practical issues. Two paragraphs about patients who come to analysis for the sake of someone else contain a few fine and original points from which even the experienced psychoanalyst will profit. Somewhat less convincing is the discussion of the preventive use of psychoanalysis, some of the difficulties of which are not quite clearly worked out. At the same time one misses a broader perspective upon the indirect preventive influence of psychoanalysis in that the author fails to discuss the possibility that in time we may learn to avoid the typical pathogenetic influences of family life, when, through knowledge, the main principles of personality development shall have become a common inheritance both of parents and of teachers. The book is written, to be sure, from the point of view of therapy, yet it discusses the general trend towards preventive medicine, and at this point one might expect that the future educational—the really preventive—possibilities of psychoanalysis would at least be mentioned.

Of special note is the chapter devoted to the description of the present organization of psychoanalytic training. This chapter

should convey much enlightenment to the public, especially the medical community, concerning the necessity of psychoanalytic organization and particularly concerning the function of psychoanalytic institutes which are the safeguards of educational and professional standards in this field. In this chapter the animated and graceful yet devastating sidethrusts against self-styled psychoanalysts and psychoanalysts by grace of intuition, will be helpful—we feel—in the so-much-needed elimination of dilettantism from this new field. The monotonous and no less unjustified reproach of “orthodoxy”, levelled against the endeavor of psychoanalysts to organize their training and to introduce standard professional requirements is refuted with cool, weighty arguments. The question of lay analysis is discussed in a broadminded fashion.

In his efforts to delineate clearly what is psychoanalysis and what is not, and who should be considered a psychoanalyst and who not, Dr. Kubie exposes himself to the accusation of formalistic and dogmatic rigidity. In one place, he discusses the dangers of over-standardization, but seems to recognize this danger only in regard to theory and not in regard to technic. He admits that “in the long run well-educated men do not remain slaves to any theoretical system”; but at the same time he seems to require that they should remain slaves to certain rigid technical rules. He points out convincingly the great advantages of the daily continuity of the work, and stresses the danger of any habitual deviation from this fundamental plan; but there will be those who feel that he goes too far when he says that “the interview, two or three times a week, may reach certain limited therapeutic goals, but can only rarely yield analytical data. For the sake of clarity such discontinuous interviews should not be called psychoanalysis”. Although this may be true as a basic principle it is possible to give it a too rigid misinterpretation. It is unfortunate therefore that Dr. Kubie has not made it explicitly clear that here he is not talking about those temporary restrictions in the number of analytical interviews which may occasionally be imposed by the analyst as a necessary and valuable technical procedure during the course of any analysis. Dr. Kubie in one chapter very correctly points out the necessity for certain deprivations, the importance of building up certain dams against the gratification and relief of unconscious tendencies. In many analyses, however, it is precisely the patient’s dependence upon the analyst which becomes one of the most important sources of grati-

fication of unconscious tendencies. In these phases of the analysis, according to my experience, this source of gratification can best be dammed up and made conscious to the patient by means of a systematic restriction or purposeful occasional cancellation of analytical sessions. Therefore, it should be made clear in any future printing of this book that Dr. Kubie's emphasis on the basic need for daily work does not apply to such technically indicated reductions in the frequency of sessions.

The same point should be stressed with regard to the requirement that analytic treatments should be interrupted as little as possible. Dr. Kubie's emphasis is on "an almost unbroken continuity, with a minimum of interruption, either by vacations or by other duties". It should be made clear that this does not apply to interruptions of analysis for technical purposes. The method of fractioned analysis, according to which at a certain phase of the analysis the patient is advised to interrupt the therapy for a period of months or even a year, has been experimented with for a long time and practiced by various analysts with good results. In a field so new and complex a certain amount of freedom for technical experimentation is an important requirement of development, and it would be unfortunate if Dr. Kubie's emphasis on the need for careful adherence to the fundamental scheme should lead to inflexibility in meeting the varying analytic needs of patients. Therefore, while it is perhaps fair to suspect opportunistic motives in the analyst who meets most patients only three or four times a week, or who adapts the frequency of the sessions to the patient's pocket-book, it would not be fair to charge with opportunistic motives the analyst who, in order to increase the therapeutic efficiency of the analysis, experiments with such emotionally effective and powerful devices as a reduction in the frequency of the sessions.

In view of the merits of this book, which is written with great lucidity and vividness, these and other minor errors of emphasis are of less importance. For example, regarding the required incognito of the analyst Dr. Kubie is not quite consistent, advising even against accepting for analytic treatment the friends of friends and relatives of the analyst, and yet at the same time assuming a somewhat more lenient attitude toward the much more difficult problem of treating the members of the same family concurrently.

One can only welcome the chapter devoted to the discussion of the frequent and superficial statement that introspective and

neurotic traits are so frequently found among psychiatrists and psychoanalysts. Dr. Kubie sifts out the grain of truth in this observation showing that suffering in early life, though it makes people more contemplative and introspectively inclined, need not necessarily lead to the development of neuroses. In this connection he discusses the slogan: "Psychoanalysis is a Jewish science", showing that the insecurity and personal difficulties of minority groups may also lead to a psychological proclivity.

In two chapters the delicate problems of the relationship of the analysis to the patient's life and to the outside world are successfully expounded in a way intelligible to the outsider. Dr. Kubie goes thoroughly into all those practical issues which evolve from the complicated relationship between psychoanalyst, patient, family, friends and the family physician. He remains constantly in touch with the real situations and takes up all details of practical importance that arise from the fact that psychoanalytic treatments do not take place entirely in the hermetically protected atmosphere of the psychoanalytic situation but are exposed to all kinds of interference from environment and life. These questions perhaps have never been so frankly and judiciously discussed in print. In this respect, the chapter devoted to the financial aspects and arrangement excels.

The last chapter deals with the difficult problem of estimating the therapeutic results of analysis. The author shows convincingly how many factors must be known to anyone who wants to form an opinion about what an analysis has accomplished, and points out how seldom these factors are known to those who pass judgment about analytic results especially during the course of the analysis.

Finally Dr. Kubie attempts to give a summary of the main reasons for therapeutic failure. This is probably the least clearly organized section of the book. Some of the reasons for failure that are dealt with as distinct factors should be subordinated one to another. For example, the author mentions patients who suffer from an "otherwise curable neurosis" but who cannot be induced by the psychoanalyst to undergo certain essential emotional restrictions that are technically indicated. This unwillingness of the patient is obviously a condition for which the nature of his neurosis and personality-structure are responsible, and belongs to the same category with other types of failures which Dr. Kubie discusses separately, failures with the patient who can never be "launched

in the full production of his material", and with the patient who secretly does not want to get well. In this section the author undertakes the probably impossible task of defining the different types of failures without going into a somewhat more profound discussion of the psychological background of these failures. In discussing this topic the author was handicapped by the necessity of omitting a systematic presentation of analytic theory, which would have been quite outside the scope of this book.

In the opinion of the reviewer, the appendix summarizing the generally accepted principles of psychoanalytic procedure might better have been omitted, as it adds nothing new and gives the impression of a sort of catechism or Decalogue which only adds to the somewhat too great formalism of the book.

With just a little less formalism the author would probably have been even more effective. One must concede, however, that at a time when so much abuse is still perpetrated in the name of psychoanalysis, a certain amount of orthodoxy is a lesser error than laxity.

FRANZ ALEXANDER (CHICAGO)

DESTINY AND DISEASE IN MENTAL DISORDERS. With Special Reference to the Schizophrenic Psychoses. Thomas W. Salmon Memorial Lectures by C. Macfie Campbell. New York: W. W. Norton & Company, Inc., 1935. 207 pp.

In the foreword to his published Thomas W. Salmon Memorial Lectures, Professor Campbell speaks of the "amphibian life" of the psychiatrist who is "forced to talk in terms of endocrine glands and brain localization at one time, at another time to discuss mental attitudes, religious beliefs, social behavior". This task seems so arduous that the reviewer is reminded of the Irishman's description of an amphibian as "an animal what can't live on land and what dies when you put him in the water". Not that Dr. Campbell appears to be ill at ease in his chosen environment. On the contrary he moves with familiarity and skill through his subject matter. The reader is oppressed neither with dryness, nor with the super-saturated humidity of words which characterizes some of our quasi-popular psychiatric lectures.

The book's contents are divided into three parts: Trends in Psychiatry; The Stuff of Life and the Schizophrenic Reaction; Our Kinship with the Schizophrenic.

The first lecture begins with a brief historical resumé of the

growth and development of psychiatry at the turn of the century. There is mention, without attempt at final evaluation, of the important influence brought to bear upon psychiatry by Pavlov, Freud, Adolf Meyer, Jung, Kretschmer and Piaget. The ever widening field of psychiatric interest is then examined and its relationship to school, college, law courts, industry, economics, politics and general medicine is touched upon. At the close of this portion of the book, Dr. Campbell deals very generally with the subject of treatment, remarking that "The enthusiast may concentrate exclusively on one avenue of approach and on one line of treatment, but the trend of psychiatric thought is to emphasize the integration of all the component forces, which may have to be discussed separately but which are only abstract aspects of the unitary organism".

In the second lecture the author draws upon his wide clinical experience. His approach as he says is catholic, "and the effort is made to apportion their respective values to somatic, personal, and environmental factors, and to step in therapeutically wherever there is a chance of being of help". In considering patients with dementia præcox he prefers to think of them not as having a "disease" but "as belonging to a Greek letter society, the conditions for admission to which are obscure". The fact that an individual is sojourning in a psychopathic hospital is not presumptive evidence of disease. There follows then an attempt at dividing the schizophrenic patients into certain groups with special attention paid to the personal and environmental factors. Each group is illustrated with vignettes of life histories presenting the story of a conflict. "As to the nature of the conflict," says Dr. Campbell, "as one goes over a series of cases one meets the same topics again and again; they are the fundamental issues of human life. We meet the insistent urge of the appetites, especially the sexual appetite and all its components. We meet the strong desire to be of value and to have prestige and to escape from a feeling of guilt or of inferiority." In the author's first group of schizophrenic cases emotional turmoil and unsystematized disturbance of behavior are prominent features in the clinical picture. The patients in the second group are characterized by withdrawal of interest from the outside world, by apathy or by tension. The third group comprises patients with a distorted world view. This group is subdivided under three headings: (a) Patients who exhibit wish fulfilling fantasies. (b) Patients whose world picture is a receptacle for dis-

cordant components of the personality. (Here it is remarked that "the elaborate discussion of the Schreber case by Freud is an outstanding contribution to our knowledge of the mechanisms involved.") (c) Patients with an accusatory world picture. No one should find fault with this effort at classification, which from a descriptive clinical and didactic point of view may have its advantages.

In his third lecture the author returns to the problems of the schizophrenic psychoses in order to illustrate how the general trends of psychiatry outlined in the first lecture converge upon the particular problems of the second lecture. He discusses the stuporous reaction, catatonia, hyperkinetic and akinetic phenomena with suggestions as to their possible histrionic and religious implications, and refers to Comte and Father Doyle as examples of individuals of distinct value and professional efficiency who dealt with the total problem of their lives not without the aid of special ritualistic symptoms. In this section of the book the choice of illustrative historical material is particularly happy.

Dr. Campbell argues wisely that for the study of human nature it is well not to remain too closely within academic confines, adding that "the clinical psychiatrist can neither turn over his responsibility to the neurophysiologist, to the internist, nor to the psychoanalyst". The three lectures in their printed form constitute a splendid tribute to Dr. Salmon, whom many of us remember with lasting affection and respect.

CARL BINGER (NEW YORK)

PSYCHOANALYSIS FOR TEACHERS AND PARENTS. INTRODUCTORY LECTURES. By Anna Freud. Translated by Barbara Low. New York: Emerson Books, Inc., 1935. 118 pp.

Miss Freud's little book is so much a unit in plan, content and form that it would be out of place to single out any part of it by critical emphasis. It might be said, however, that the German title, *Einführung in die Psychoanalyse für Pädagogen*, was more adequate than the present American one, because it was general enough for an introductory exposition and still specific enough to include the group to whose special interests and problems these lectures are adapted with masterly skill, namely Viennese *Hort* teachers. "The children who come to a *Hort* are children (from 6 to 14 years of age) of parents who go out to work. . . . They

prepare their school homework, occupy themselves with light work or communal games, or are taken for outings by the *Hort* workers." The *Hort*, therefore, in many ways actually replaces the home, and it is the relationship of home and home substitute which gives the background here for the presentation of the fundamental concepts of psychoanalysis. Teachers in general and parents specifically addressed by the title, might expect to have their special problems given more adequate consideration.

Reminding her audience that as teachers they come rather "late on the scene" and find in each child "perfectly definite constellations,—hopes and fears, dislikes and preferences, its own kind of jealousy and tenderness, and its need for love or its rejection of it", the author outlines how the long period of complete dependence at the beginning of life determines the child's entire destiny. Restoring to him his biological and emotional rights, the author paints, so to speak, a life-sized picture of the child as a fighting being, a worthy opponent not to be belittled, judged nor feared in his everyday defense measures which "instead of arbitrary acts are discovered to be an inevitable sequence of events in accordance with the stages of development, such as we have long recognized in the development of the physical body".

In convincing, original and simple language, which may be enjoyed by every reader whatever the range of his analytical experience, the cornerstones of analytic knowledge are first described in their everyday aspects and only later clothed in their full terminological titles. This exposition offers a valuable object lesson in the careful and exact use of terminology which one may hope will be taken to heart by both friends and foes of psychoanalysis in the pedagogical field.

The immediate applicability of this analytic knowledge to pedagogy is not overestimated by the author: "It will be a long time before theory and practice are complete, and can be recommended for general use." The task, however, is clearly formulated: it is "to find a *via media* between . . . extremes—that is to say to allow to each stage in the child's life the right proportion of instinct-gratification and instinct-restriction". Following the traditional route of psychoanalysis the book says much about what may limit and endanger the child's ego; it says little about the ego itself. Correspondingly psychoanalysis has so far been useful to pedagogy primarily as a basis of criticism of cultural progress and the dangers

it involves for children. So far as further studies may illuminate the ego, psychoanalytic insight will be able to help education in its most specific problem: the strengthening and enriching of the ego.

ERIK HOMBURGER (BOSTON)

FRANZ ANTON MESMER. *A History of Mesmerism* by Margaret Goldsmith. Garden City, New York: Doubleday, Doran & Company, Inc., 1934. 308 p.

To anyone interested in the history of scientific discovery this book will be welcome. It presents tellingly the story of the tenacious viability of fact in the face of obscurantism, confusion of false cause, social and economic bigotries and persecution. The author develops her story historically and chronologically, making of Mesmer the rightful heir of Philippus Aurealus Theophrastus Bombastus of Hohenheim: Paracelsus, to wit. As Mesmer is his spiritual son, so he in turn sired such strange congeners as the New England Theosophists and "Scientists", and the Nancy School of psychotherapists whose arboreal descendants we may perhaps be. Even Charcot experimented with a magnet.

There is much in Mesmer's career that is reminiscent of Freud and the early days of the psychoanalytic movement, though the men, Mesmer and Freud, are in character antipodal. After many vicissitudes Mesmer's views were finally subjected to a Commission of Inquiry appointed on behalf of the Academy of Sciences by Louis XVI. The members of the Commission presented an impressive list of names, among them Lavoisier, certainly one of the greatest forces in the development of modern physiology, Dr. Guillotin, de Jussieu of the famous family of French botanists, and the American Ambassador to France, Benjamin Franklin, then a man of seventy-two. Of the report Miss Goldsmith has this to say: "The Commission's disapproval of Mesmer's doctrines, a disapproval amounting to hostility, reflects a curious state of mind. One wonders, if, as these scientists claim, they saw nothing whatever in his cures, why they should have become so agitated about them, so personal in their attack?" *Tempora mutantur et nos mutamur in illis!*

The members of the Commission concluded that "some sick persons of the common people are the only ones who feel any effects of animal magnetism." "*L'Imagination fait tout; le magnetisme nul*"—and yet only one of them, de Jussieu, in a minority

report held that an insight into the force behind animal magnetism would be infinitely illuminating. "The human body is subject to influences rising out of a number of causes," Jussieu wrote. "Some of these influences—like imagination—must be from within or be due to moral causes—others, such as rubbing, or touch, must be external and physical." To which the author adds "It was Mesmer's tragedy that he, too, did not grasp the vital implications of Jussieu's report, that he, too, did not develop them to their logical conclusion. Mesmer was doomed, chiefly because he was not blessed with a scientific insight into causes and effects, never to understand the mental forces behind his animal magnetism. He did not understand his own secret." "I think I can lay it down as a fact that the imagination has the greatest share in the effects of animal magnetism. The new agent might indeed be no other than the imagination itself, whose power is as extensive as it is little known." These words were spoken in response to the Academy's report by Dr. Charles D'Elson, Mesmer's contemporary and protagonist in Paris. With them was laid, according to the author of this colorful biography, the corner stone of modern psychotherapy.

CARL BINGER (NEW YORK)

To the Editors of THE PSYCHOANALYTIC QUARTERLY:

In the January issue of this journal there appears a review of my book, *Outlines of General Psychopathology*, published by W. W. Norton & Company. In many respects this review represents an excellent analysis, and both for the occasional appreciations of the value of the book and the useful constructive criticisms, I am greatly obliged to the reviewer. There are, of course, as is to be expected, many aspects of the problem of psychopathology and its presentation on which the reviewer and I do not agree, and I appreciate his frankness in expressing them. In addition to these, however, there are some statements made in this review which in my opinion are not justifiable, and I appreciate your permission to bring them to the readers' attention.

The book is intended as a general outline of psychopathology, and in several places even at the risk of repetition, it was emphasized that it did not make any claims for exhaustive presentations of any single point of view. To judge the whole book, then, on the basis of its value as an introduction to any one point of view, be it ever so important, would seem to me to be unfair. In discussing the psychoanalytic theory, for instance, I have very definitely stated that that chapter should not be taken as a thorough presentation of psychoanalysis and have referred to a number of psychoanalytic publications which, as a matter of fact, in my course I insist that my students should read.

The reviewer finds fault with the lack of definition between what it was that Freud has contributed to my views and those that are my own. It seems to me that the psychoanalytic theory has reached a stage in its development where it is so intimately bound up with the training of any psychiatrist that it is neither possible nor desirable for one to draw a line indicating where he ceases quoting Freud and where he begins to build upon those fundamental principles.

It is furthermore stated that some of the important psychoanalytic ideas are omitted and others are garbled. The first I will admit and have done so in the book. The second I cannot see. For instance, the statement is made that, in discussing the phenomenon of masturbation, I have neglected to recognize its occurrence before the age of five or six. I refer the reader to page 291 in the book where, in the course of the discussion of the psychoanalytic theory, I very definitely express the view which I think is held by most analysts. On page 159, from which the reviewer quotes, I have not presented primarily the psychoanalytic theory but that part of it which in my experience is the one that is most universally accepted by psychiatrists. I am not discussing which is the truth, but simply opinions as we find them amongst psychiatrists in this country.

Another statement refers to my failure to give clearly Freud's contributions in fields other than psychopathology. This again is not true because on page 283 I very definitely refer to the fact that psychoanalysis has done a great deal in enlightening us on a tremendous number of other subjects, but in a presentation of psychopathology I did not feel that a discussion of these factors should be included. The reviewer furthermore seems to restrict my discussion of the psychoanalytic theory to that part of the book that deals with personality structure. This again is not compatible with fact, since there I discuss primarily the *structure* of personality and not its dynamics, whereas I undertake a discussion of this in the chapter dealing directly with psychoanalytic theories. It is there that I have attempted, inasmuch as my knowledge of this theory and the space available permitted, to discuss the relationships of the dynamic components of the personality in influencing mental activities.

In regard to the relationships between Kahn's (or rather Klages') point of view and that of the psychoanalytic, I am actually misquoted. The underlined words "in contrast to Freud" are plainly inserted by the reviewer because, as a matter of fact, on that page I make the statement that Kahn actually starts out with the Freudian concept of impulse and then I gave Kahn's definition in his own words and in quotations. This does not at all mean that the definition is in contrast with Freud, but, as a matter of fact, it means directly the opposite.

The statement in which I am supposed to attribute certain of Freud's and Breuer's contributions to other sources again seems to me to be unjustified. I do not attribute the "theory" of traumatic hysteria to Charcot but merely make the statement that the latter was the first to grasp the significance of "ideas" in the development of these maladjustments. In this connection let us for instance, consider Freud's *History of the Psychoanalytic Movement* and his fairness in being grateful to Charcot for attracting his attention to certain important fundamentals in the development of the neuroses.

I do not wish to enter any controversies concerning the validity and accepta-

bility of my own views on personality structure. One thing, however, is very surprising to me. What in that theory denotes an underlying "dualism"? Surely not my discussion of ratiocination as a fundamental need of human beings. One should not confuse the "need" for intellectual probing with the contents of the intellect. In several places in the book I have referred to the fact that the intellectual contents serve as the peak of a pyramid, the base of which is formed by self-assertive and accretive trends. All of these three patterns are to my mind simply molding instruments of psychic activities which emanate from a single source, the psychobiological unit which is man. As a matter of fact, from my own limited understanding of the psychoanalytic theory, I do not see where this is at all incompatible with it.

The review is an extensive one, and I have just indicated a few of the discrepancies which I found in it as I feel that the unprejudiced reader will probably be able to pick out the rest. These are, however, amply compensated for by a number of constructive criticisms and valuable advice for which, as a student of psychopathology, I am grateful to the reviewer.

WILLIAM MALAMUD

THE EDITORS OF THE PSYCHOANALYTIC QUARTERLY:

I am personally indebted to the Editors for allowing Dr. Malamud to publish his comments on my review. I was aware that in the selection of detail for review certain implications which the author did not intend might occur, and it is fair that he should have the opportunity to point them out. A rebuttal would involve chiefly detailed references to contradictory statements on the pages chosen for citation by Dr. Malamud and by me, respectively; this would have more dialectic than scientific value. His reference to a misstatement by me is, I regret, fully justified by the syntax of the words "in contrast to". My actual meaning, that the statements on pages 345 and 347-8 *appear* to contrast the view of Kahn with those of Freud, would, I think, be accurate.

IVES HENDRICK

CURRENT PSYCHOANALYTIC LITERATURE

The International Journal of Psycho-Analysis. Vol. XVII, Part 1, January, 1936.

- MELITTA SCHMIDBERG: A Note on Suicide.
 KARL A. MENNINGER: Purposive Accident as an Expression of Self-Destructive Tendencies.
 M. N. SEARL: Infantile Ideals.
 THERESE BENEDEK: Dominant Ideas and their Relation to Morbid Cravings.
 LUDWIG JEKELS: The Psychology of the Festival of Christmas.
 CHARLES BERG: The Unconscious Significance of Hair.
 ROBERT WÄLDER: The Problem of Freedom in Psychoanalysis and the Problem of Reality-Testing.
 ADRIAN STEPHEN: "Hateful", "Awful", "Dreadful".

Internationale Zeitschrift für Psychoanalyse. Vol. XXII, Number 1, 1936.

- H. NUNBERG: Homosexualität, Magie und Aggression (*Homosexuality, Magic and Aggression*).
 S. M. PAYNE: Zur Auffassung der Weiblichkeit (*The Conception of Femininity*).
 RICHARD STERBA: Das psychische Trauma und die Handhabung der Übertragung. Die letzten Arbeiten von S. Ferenczi zur psychoanalytischen Technik (*Psychic Trauma and the Management of Transference. The most recent works of S. Ferenczi on psychoanalytic technique*).
 ALICE BÁLINT: Handhabung der Übertragung auf Grund der Ferenczischen Versuche (*The Management of Transference on the Basis of Ferenczi's Experiments*).
 THERESE BENEDEK: Die überwertige Idee und ihre Beziehung zur Suchtkrankheit (*The Overvalued Idea and its Relation to Drug Addiction*).
 ENDRE ALMÁSY: Zur Psychoanalyse amentia-ähnlicher Fälle (*The Psychoanalysis of Amentia-like Cases*).

Imago. Vol. XXII, Number 1, 1936.

- PAUL FEDERN: Zur Unterscheidung des gesunden und krankhaften Narzissmus (*The Differentiation of Normal and Abnormal Narcissism*).
 EDWARD GLOVER: Medizinische Psychologie oder akademische (normale) Psychologie: ein Problem der Orientierung (*Medical Psychology or Academic [Normal] Psychology: A Problem in Orientation*).
 PAUL SCHILDER: Psychoanalyse des Raumes (*Psychoanalysis of Space*).
 L. E. PELLER-ROUBICZEK: Zur Kenntnis der Selbstmorthandlung. Psychologische Deutung statistischer Daten (*Our Knowledge of Suicide. Psychological Interpretation of Statistical Data*).
 WILHELM NICOLINI: Verbrechen aus Heimweh und ihre psychoanalytische Erklärung (*Crime Arising from Homesickness, and its Psychoanalytic Explanation*).

**Arbeiten aus dem Psychiatrischen Institut der Tohoku Kaiserlichen Universität.
Beiträge zur Psychoanalyse. Vol. IV, Numbers 1 and 2, 1935.**

- M. YAMAMURA: Psychoanalytische Studien über Erythrophobie
(*Psychoanalytic Studies of Erythrophobia*).
CH. HAYASAKA: Psychoanalytische Studien über neurotische Angst
(*Psychoanalytic Studies of Neurotic Anxiety*).
P. R. HOFSTÄTTER: Die Psychoanalyse in pragmatischer Darstellung
(*Psychoanalysis in Pragmatic Presentation*).

Revue Française de Psychanalyse. Vol. VIII, Number 3, 1935.

- R. LAFORGUE: Clinique Psychoanalytique (*Clinical Psychoanalysis*).
R. DE SAUSSURE: Les traits de caractère réactionnels et leur importance en Psychanalyse (*Reactive Character Traits and their Importance in Psychoanalysis*).
SIGM. FREUD: Rapport entre un symbole et un symptôme (*Relation between a Symbol and a Symptom*).
PIZARRO CRESPO: Le rôle des facteurs psychiques dans le domaine de la clinique (*The Role of Psychic Factors in the Clinical Field*).
EMILIO SERVADIO: La baguette des sorciers (*The Sorcerer's Wand*).

The Psychoanalytic Review. Vol. XXIII, Number 2, April, 1936.

- ISABEL PROUDFIT: The Big Round World.
BEN KARPMAN: Imitation of Life.
J. WIELAWSKI & W. WINIARZ: Some Observations from Three Years of Studies of Psychopathology and Genetic Psychology in Asia.
W. WINIARZ & J. WIELAWSKI: Imu—A Psychoneurosis Occurring Among Ainus.
IMMANUEL VELIKOVSKY: Psychic Anaphylaxis.

The American Journal of Psychiatry. Vol. XCII, Number 5, March, 1936.

- SMITH ELY JELLIFFE: The Bodily Organs and Psychopathology.
A. A. BRILL: Anticipations and Corroborations of the Freudian Concepts from Nonanalytic Sources.

The American Journal of Orthopsychiatry. Vol. VI, Number 1, January, 1936.

- EDWARD LISS: Play Techniques in Child Analysis.

The British Journal of Medical Psychology. Vol. XIV, Part 4, 1935

- MELANIE KLEIN: On Criminality.
KARIN STEPHEN: Introjection and Projection: Guilt and Rage.

NOTES

OUR THANKS are due to Dr. Ruth Mack Brunswick for permission to reproduce the recent informal photograph of Professor Freud in this issue.

CHAPTERS VII AND VIII of Freud's *Inhibitions, Symptoms and Anxiety* comprise the third instalment of Dr. Henry Alden Bunker's new translation.

THE ARTICLE *MALE AND FEMALE*, by Sándor Ferenczi, in this issue, is an addendum to his *THALASSA: A THEORY OF GENITALITY*, of which a translation appeared in volumes 2 (1933) and 3 (1934) of *THE PSYCHOANALYTIC QUARTERLY*. Although the original edition of the *Versuch einer Genitaltheorie*, published in 1925, did not contain this addendum, which first appeared in *Die psychoanalytische Bewegung* in 1929, it was Dr. Ferenczi's expressed desire that the article *MALE AND FEMALE* should be made part of the English translation of *THALASSA* published in book form. The article in this issue thus completes Dr. Ferenczi's work in conformity with his wishes.

The editors would express their indebtedness to the translator, and also to Mrs. Alfred V. de Forest, to whom Dr. Ferenczi entrusted the publication of the translation of his book, for her valuable coöperation in making possible its addition to the *Psychoanalytic Quarterly* series of monographs.

THE NEW YORK PSYCHOANALYTIC SOCIETY has established "interval" meetings between regular sessions as a step for extending the study of new contributions in the field of psychoanalysis as reported in the literature. The first interval meeting, on March 17th, consisted of a review of Otto Fenichel's *Schaultrieb und Identifizierung* (*Scotophilia and Identification*) by Dr. Dorian Feigenbaum.—The second meeting, on April 21st, was devoted to a review of Dr. Alice Bálint's *Handhabung der Übertragung auf Grund der Ferenczischen Versuche* (*Management of the Transference on the Basis of Ferenczi's Experiments*) by Dr. Sándor Lorand.

DR. SANDOR RADO's lectures at the New York Psychoanalytic Institute for the third trimester (April to June, 1936) will be on *Dream and Neurosis*.

THE NEW YORK PSYCHOANALYTIC INSTITUTE announces a seminar of ten sessions by Dr. Abraham Kardiner on *An Introduction to Social Pathology*, dealing with the methodological principles on which a sociology based on psychology can be formulated. Egyptian culture will be used as a text for practical application. Other cultures to be studied will be the Trobriand Islanders, Kwakiutl and

Ashanti. An attempt will be made to correlate environmental necessities, institutions, character and social values. The course will establish criteria for the study of our own cultural values, to be pursued next year.

THE INSTITUTE FOR PSYCHOANALYSIS of Chicago reviews its work for the year 1934-1935 in a pamphlet containing statistical data and a report on the research conducted by its members, consisting of a Vector Analysis of Psychological Tendencies, which classifies psychic tendencies according to their fundamental dynamic quality (direction)—incorporation, elimination and retention; The Influence of Psychogenic Factors upon Gastro-Intestinal Disturbances; Quantitative Dream Studies; Psychological Factors in Essential Hypertension; Psychic Influences on Respiration; Asthma, Skin, and Allergy; Psychoanalysis and Learning; and Child Analysis. The Institute reports extensive coöperation with other professional groups, including physicians, psychiatrists, psychiatric social workers, and teachers.

THE CHICAGO PSYCHOANALYTIC SOCIETY reports the following scientific program from January 11th to March 21st: Clinical Aspects in the Study of a Psychoanalytic Treatment, by Dr. Thomas M. French.—Psychogenic Factors in the Etiology of the Common Cold and Other Related Symptoms, by Dr. Leon Saul.—The Transition from Organ Neurosis to Conversion Hysteria—A Case Report, by Dr. George W. Wilson.—Hypothesis of the Genesis of Suicide, by Dr. Gregory Zilboorg.—The Preenatal Tendencies of a Patient with Gastro-Intestinal Complaints, by Dr. Harry Levey.—Dynamics and Treatment of Alcohol Addiction, by Dr. Robert Knight.

THE AMERICAN PSYCHOANALYTIC ASSOCIATION is holding its annual meeting at St. Louis on May 6 and 7. The following papers are to be read: Freud, His Work and Influence, by Clarence P. Oberndorf.—The Treatment of the Psychotic Ego, by Lewis B. Hill.—Applications of Psychoanalytical Concepts in Psychotherapy. Report of Clinical Trials in a Mental Hygiene Service, by Robert P. Knight.—Remnants of Reality Testing in Dreams, by Thomas M. French.—Neuroses and Anti-Social Behavior, by Gregory Zilboorg.—Respiration and Personality, by Franz Alexander and Leon Saul.—On Projection, by Dorian Feigenbaum.—Psychoanalysis in Late-Life Depressions, by M. Ralph Kaufman.—The Transition from Organ Neurosis to Conversion Hysteria.—A Case Report, by George W. Wilson. The first five papers will be delivered at a joint session with the American Psychiatric Association.

THE AMERICAN PSYCHIATRIC ASSOCIATION is holding its ninety-second annual meeting at New Hotel Jefferson, St. Louis, Mo., May 4-8. Among the Round Table

Discussions are: The Freudian Contributions to Psychopathology, with Dr. A. A. Brill as moderator (discussants—Drs. Clarence O. Cheney, Sidney I. Schwab, C. Macfie Campbell and Richard H. Hutchings), and on Depersonalization, with Dr. Dorian Feigenbaum as moderator (discussants—Drs. Paul Schilder, Franz Alexander, Thomas M. French, Karl A. Menninger and Clarence P. Oberndorf).

THE AMERICAN ASSOCIATION OF MENTAL DEFICIENCY will meet for four days at the Hotel Jefferson, St. Louis, beginning May 1st. Topics to be discussed are sociological, educational and psychological aspects of mental deficiency. The complete program may be obtained from the Secretary, Dr. Groves B. Smith, Godfrey, Ill.

A COMMITTEE FOR THE STUDY OF SUICIDE has been formed for the investigation of suicide as a social and psychological phenomenon. Dr. Gerald R. Jameison is president of the committee, and Dr. Gregory Zilboorg secretary and director of research; the other members of the Board of Directors are Mr. Marshall Field, Miss Elizabeth G. Brockett, and Drs. Henry Alsop Riley, Franklin G. Ebaugh, Herman Nunberg, Dudley D. Shoenfeld and Bettina Warburg. The Committee's program will include psychiatric and psychoanalytic studies carried out on selected hospitalized and ambulatory case material, paralleled by sociological, ethnological and historical investigation of the subject. Ethnological studies will include an expedition headed by a psychiatrically schooled anthropologist, a psychiatrist and a psychoanalyst in a region such as the Melanesian Islands or the Gulf of Papua, and in the interior of the Mexican Northwest as well as among some of the North American Indian tribes. Dr. Henry E. Sigerist of Johns Hopkins University and Dr. Edward Sapir of Yale University are consultant members of the Committee. The executive offices are located at Room 1404, the Medical Arts Center, 57 West 57th Street, New York.

THE THOMAS W. SALMON MEMORIAL LECTURES were given this year on April 10th, 17th and 24th by Dr. Samuel T. Orton of New York City. The lectures were: Language Losses in the Adult as a Key to the Developmental Disorders in Children; The Syndromes of Disorder in the Development of Language; Treatment and Psychiatric Interpretation.

